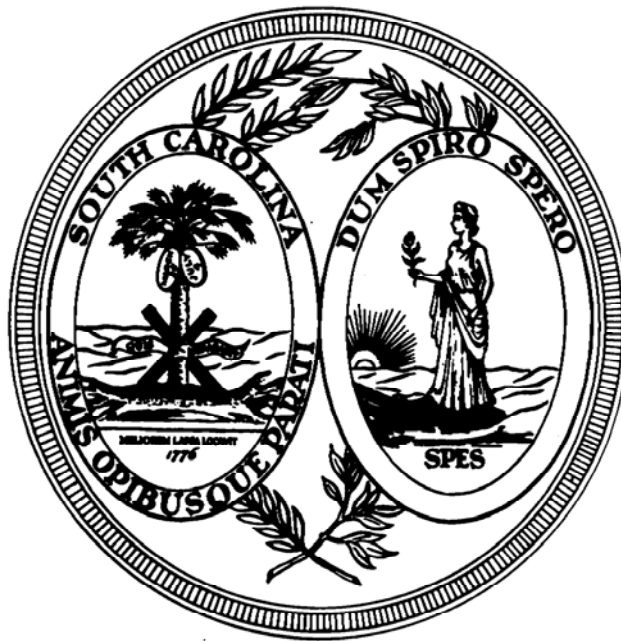




Regulation Number 61-93

Standards for Licensing Facilities That Treat Individuals for Psychoactive Substance Abuse or Dependence



Promulgated by the Board of Health and Environmental Control

Administered by the Division of Health Licensing

Including Changes

Published in the *State Register*, Volume 25, Issue 5, May 25, 2001

This is a courtesy copy of Regulation R61-93

The official document is on record in the *State Register* and the S.C. Code Ann. (2002). This regulation is provided by DHEC for the convenience of the public. Every effort has been made to ensure its accuracy; however, it is not the official text. DHEC reserves the right to withdraw or correct this text if deviations from the official text as published in the *State Register* are found.

**This copy was updated to correct or note typographical errors between
the *State Register* and the contents of this regulation on December 5, 2003.**

**STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
EMERGENCY ORDER**

WHEREAS, hospitals, nursing homes, and other residential care facilities subject to regulation pursuant to SC Code Ann. §44-7-20 *et seq.* and regulations promulgated pursuant thereto are required to prepare and maintain Emergency Evacuation Plans; and

WHEREAS healthcare facility plans must make adequate provisions for:

- (1) Coordinating with sheltering facilities that will receive patients from evacuation areas, so that sheltering facilities named in evacuation plans are aware of that designation and prepared to receive additional patients;
- (2) Demonstrating the capability for transporting residents and patients to sheltering facilities;
- (3) Planning for relocating staff or providing staff at the sheltering facilities;

WHEREAS there is a substantial potential that one or more hurricanes will threaten the South Carolina coast during a hurricane season; and

WHEREAS the identified deficiencies in facility evacuation plans must be corrected promptly;

NOW THEREFORE,

IT IS ORDERED, pursuant to SC Code Ann. §44-1-140 that, in addition to the requirements of Regulation 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 207; Regulation 61-17, Standards for Licensing Nursing homes, Section B.8.; Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 1401; Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section B.(8); and Regulation 61-103, Standards for Licensing Residential Treatment Facilities for Children and Adolescents, Section J.6.a.; Regulation 61-78, Standards for Licensing Hospices, Section 1701; and Regulation 61-93, Standards for Licensing Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence, Section 1502, each facility subject to one or more of the foregoing regulations shall prepare an Emergency Evacuation Plan that conforms to the following requirements:

- (1) (a) A Sheltering Plan for an alternate location to house patients or residents. This Plan shall include: full provision for at least the number of licensed resident or patients beds at that facility; the name, address and phone number of the Sheltering Facility (or Facilities) to which the patients or residents will be relocated during an emergency; a Letter of Agreement signed by an authorized representative of each Sheltering Facility which must include: the number of relocated patients or residents that can be accommodated; sleeping, feeding and medication plans for the relocated patients or residents; and provisions for accommodating relocated staff. The Letter of Agreement must be updated annually and whenever significant changes occur. For those facilities located in Beaufort, Charleston, Colleton, Horry, Jasper and Georgetown Counties, at least one Sheltering Facility must be located in a county other than the six named counties.

(b) In the event a hospital or nursing home is located in an area subject to an order of evacuation and current data from the Army Corps of Engineers indicates the facility will not be affected by the storm surge, the following information must be current and on file with the Department before the facility can be considered for exemption from the mandatory evacuation order:

- (i) A **Critical Data Sheet** must be complete and on file with the Department of Health and Environmental Control which certifies the following:
 - Emergency power supply is available for a minimum of 72 hours;
 - A 72 hour medical supply is available on site;
 - A 72 hour supply of food and water is on site.

The **Critical Data Sheet** website for entering information is located at <http://scangis.dhec.sc.gov/cdatasheet/login.aspx>


- (ii) Adequate staff must be available and on duty to provide continual care for the residents
 - (iii) An engineer's report concerning the wind load the facility should withstand must be on file with the Department;
 - (iv) The facility must request an exemption from the evacuation order from DHEC's Health Licensing Division.
- (2) A Transportation Plan for relocating the patients or residents. The Transportation Plan must include the number and type of vehicles required; how and when they will be obtained; who (by name or organization) will provide drivers; procedures for providing medical support and medications during relocation; the estimated time to accomplish the relocation; and the primary and secondary route to be taken to the sheltering Facility.
- (3) A Staffing Plan for the relocated patients or residents. The Staffing Plan must outline in detail how care will be provided to the relocated patients or residents, including the number and type of staff. If staffing will be provided by the Sheltering Facility, the Staffing Plan must be co-signed by an authorized representative of the Sheltering Facility. If staffing will be provided by the relocating facility, plans for relocating staff or assuring transportation to the Sheltering Facility (Facilities) must be provided.

IT IS FURTHER ORDERED that each facility shall communicate and coordinate with local Emergency Preparedness Divisions in the development and implementation of the Emergency Evacuation Plans.

IT IS FURTHER ORDERED each facility shall certify to DHEC no later than June 1 of each year that the Emergency Evacuation Plan contains a Sheltering Plan, Transportation Plan, and Staffing Plan complying with the terms of this Order, and shall submit to DHEC the name(s) of the Sheltering Facility (Facilities). A copy of this Order shall be provided to each facility.

AND IT IS SO ORDERED.

8-30-04
Date


C. Earl Hunter
Commissioner



DIVISION OF HEALTH LICENSING REGULATIONS

Provider-Wide Exceptions


In the interest of establishing reasonable standards that can be met by providers and yet do not compromise the health and well-being of the patients, residents, and participants cared for in South Carolina licensed facilities, it has been determined that alternative standards will be considered as acceptable. A Provider-Wide Exception (PWE) is the tool that is used to achieve a working relationship between the facility and their regulators. This section may also contain Position Statements that give guidance or interpretations of the regulation.

Note: Some Provider-Wide Exceptions pre-date the publishing dates of specific Regulations established by the *State Register* and may no longer be in effect. In these instances, if there is a conflict between a PWE that pre-dates the publishing date of the regulation, the standard in the regulation shall supercede the PWE.

January 24, 1997

MEMORANDUM

TO: Administrators of Licensed Health Care Facilities

FROM: 
Alan Samuels, Director
Division of Health Licensing

SUBJECT: Provider-Wide Exception

Various regulations published by this Division address distances from entrance doors to private/semi-private rooms along the line of travel to the nearest exit. These distances vary based upon whether a building is sprinklered. A table within the Standard Building Code indicates the distances which are appropriate for various types of facilities.

In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health, safety, and welfare of patients cared for by licensed health care facilities, it has been determined that the distances indicated in the Standard Building Code may be utilized as alternate standards and will be considered acceptable.

This standard will be required in the planning/construction phase of the initial licensing procedure.


AS:GM

cc: Division of Health Facilities Construction
Alice Truluck, Customer Service Liaison

January 24, 1997

MEMORANDUM

To: All Licensed Facilities

From: 
Alan Samuels, Director
Division of Health Licensing

Subject: Disaster Shelter

In the event that you provide temporary shelter for evacuees who have been displaced due to a disaster, then for the time of that emergency, it is permissible to temporarily exceed the licensed capacity for your facility in order to accommodate these individuals.

The details of these contingency arrangements should be addressed in your emergency/disaster plan, to include the maximum number of individuals that could be safely and comfortably housed above the licensed capacity of the facility on a temporary basis.

Also, in those instances where evacuees have been relocated to your facility, the Division of Health Licensing must be notified not later than the following work day of those evacuees received.

Should you have any questions, please call us at 803-737-7202.

AS/JML/db

D H E C



PROMOTE PROTECT PROSPER

2600 Bull Street
Columbia, SC 29201-1708

COMMISSIONER:
C. Earl Hunter

November 18, 2002

BOARD:
Bradford W. Wyche
Chairman

MEMORANDUM

Mark B. Kent
Vice Chairman

TO: Administrators, Facilities that Treat Individuals for Psychoactive
Substance Abuse or Dependence

Howard L. Brilliant, MD
Secretary

FROM: Dennis L. Gibbs, Director
Division of Health Licensing

Carl L. Brazell

SUBJECT: Provider-Wide Exception – Fire Drill Records

Louisiana W. Wright

L. Michael Blackmon

Larry R. Chewning, Jr., DMD

Section 1604.B of Regulation 61-93, Standards for Licensing Facilities That Treat Individuals for Psychoactive Substance Abuse or Dependence, pertaining to requirements for fire drills, require that "Records of drills shall be maintained at the facility, indicating the date, time, shift, description, and evaluation of the drill, and the names of staff, volunteers and clients directly involved in responding to the drill."

In the interest of establishing reasonable standards that can be met by providers and yet do not compromise the health and well-being of the clients of facilities that treat individuals for psychoactive substance abuse or dependence, it has been determined that alternative standards will be considered as acceptable.

All facilities that treat individuals for psychoactive substance abuse or dependence will be required to meet the standard outlined in the licensing standards, i.e., R61-93, Section 1604.B, that require records of fire drill to contain the **names** of clients involved in responding to the fire drill, or, as an alternative:

"Records of drills shall be maintained at the facility, indicating the date, time, shift, description, and evaluation of the drill, and the names of staff and volunteers and **numbers** of clients directly involved in responding to the drill."

This exception applies to any psychoactive substance abuse or dependence facility licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions regarding the above, please call George Moore at (803) 545-4232 or Kevin Ridenour at 803) 545-4214.

DLG/jml

cc: Leon Frishman
Alice Truluck
Lee Dutton, DAODAS

Kevin Ridenour
George Moore

REGULATION 61- 93

STANDARDS FOR LICENSING FACILITIES THAT TREAT INDIVIDUALS FOR PSYCHOACTIVE SUBSTANCE ABUSE OR DEPENDENCE

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REGULATION 61-93

STANDARDS FOR LICENSING FACILITIES THAT TREAT INDIVIDUALS FOR PSYCHOACTIVE SUBSTANCE ABUSE OR DEPENDENCE

PART I - ALL FACILITIES

SECTION 100 - DEFINITIONS, REFERENCES, AND LICENSE REQUIREMENTS

101. Definitions

For the purpose of this regulation, the following definitions shall apply:

A. Administering Medication. The direct application of a single dose of a medication to the body of a client by injection, ingestion, or any other means.

B. Administrator. The staff member designated by the licensee to have the authority and responsibility to manage the facility.

C. Adult. A person 18 years of age or older or person under the age of 18 who has been emancipated in accordance with state law.

D. Advanced Practice Registered Nurse. An individual who has Official Recognition as such by the SC Board of Nursing.

E. Aftercare/Continuing Care. Services provided to clients after discharge from a facility that facilitates the client's integration or reintegration into society. Activities may include self-help groups, supportive work programs, and staff follow-up contacts and interventions.

F. Annual. Once each 12-month period.

G. Architect. An individual currently registered as such by the SC State Board of Architectural Examiners.

H. Assessment. A procedure for determining the nature and extent of the problem for which the individual is seeking treatment/services/care/education to include risk assessment, diagnosis, evaluating the physical, emotional, behavioral, social, vocational, recreational, mental, and, when appropriate, the nutritional and legal status/needs of a client. Clinical consideration of each client's needs, strengths, and weaknesses shall be included in the assessment to assist in a level of care placement.

I. Authorized Healthcare Provider. An individual authorized by law in SC to provide specific treatments, care, or services to clients. Examples of individuals who may be authorized by law to provide the aforementioned treatment/care/services may include, but are not limited to, advanced practice registered nurses, physician's assistants.

J. Client. A person who receives treatment, services, or care from a psychoactive substance abuse or dependence facility. This term is synonymous with the term "patient."

K. Client Room. An area enclosed by ceiling high walls that can house one or more clients of the facility.

L. Clinical Services Supervisor. The designated individual with responsibility for clinical supervision of treatment staff and interpretation of program policy and standards.

M. Consultation. A visit to a licensed facility by individuals authorized by the Department to provide information to facilities to enable/encourage facilities to better comply with the regulations.

N. Counselor. An appropriately licensed/certified individual who applies a specific body of knowledge and skills within a particular ethical context in order to facilitate behavior change or to facilitate greater comfort with an existing behavioral pattern. These services may be provided in individual, group and/or family modalities, and provided in a variety of settings (See Section 504).

O. DSS. The SC Department of Social Services

P. Department. The SC Department of Health and Environmental Control.

Q. Delivery of Medications. The actual, constructive, or attempted transfer of a medication or device from one person to another. In instances where the facility is storing medication, the act of presenting/making available the container of this medication to a client who has been authorized by physician or authorized healthcare provider orders to self-administer that medication.

R. Detoxification. A process of withdrawing a client from a specific psychoactive substance in a safe and effective manner.

S. Detoxification Facility. A 24-hour freestanding facility providing detoxification services of which there are two types:

1. Medical. A short-term residential facility, separated from an inpatient treatment facility, providing for medically-supervised withdrawal from psychoactive substance-induced intoxication, with the capacity to provide screening for medical complications of alcoholism and/or drug abuse, a structured program of counseling, if appropriate, and referral for further rehabilitation.

2. Social. A service providing supervised withdrawal from alcohol or other drugs in which neither the client's level of intoxication nor physical condition is severe enough to warrant direct medical supervision or the use of medications to assist in withdrawal, but which maintains medical backup and provides a structured program of counseling, if appropriate, educational services, and referral for further rehabilitation. A social detoxification facility provides 24-hour-a-day observation of the client until discharge.

T. Dietitian. A person who is registered by the Commission on Dietetic Registration.

U. Direct Care Staff/Volunteers. Those individuals who provide care/treatment to the client.

V. Discharge. The point at which the client's active involvement with a facility is terminated and the facility no longer maintains active responsibility for the care of the client, except for continuing care monitoring.

W. Dispensing Medication. The transfer of possession of one or more doses of a drug or device by a licensed pharmacist or person permitted by law, to the ultimate consumer or his/her agent pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to, or use by, a client.

X. Existing Facility. A facility which was in operation and/or one which began the construction or renovation of a building, for the purpose of operating the facility, prior to the promulgation of this regulation. The licensing standards governing new facilities apply if and when an existing facility is not continuously operated and licensed under this regulation.

Y. Facility. An entity licensed by the Department that provides care/treatment/services for psychoactive substance abuse or dependence to two or more persons (not related to the licensee) and their families based on an individual treatment plan including diagnostic treatment, individual and group counseling, family therapy, vocational and educational development counseling, and referral services in any of the following modalities:

1. Outpatient;
2. Residential treatment program;
3. Medical detoxification;
4. Social detoxification;
5. Narcotic treatment program.

Z. Follow-up. Intermittent contact with a client following discharge from the program, for assessment of client status and needs.

AA. Health Assessment. An evaluation of the health status of a staff member/volunteer by a physician, other authorized healthcare provider, or a registered nurse, pursuant to standing orders approved by a physician as evidenced by the physician's signature. The standing orders shall be reviewed annually by the physician, with a copy maintained at the facility.

BB. Initial License. A license granted to a new facility.

CC. In-process Counselor. A counselor who has been accepted by SCAADAC as enrolled for certification.

DD. Inspection. A visit by authorized individuals to a facility or to a proposed facility for the purpose of determining compliance with this regulation.

EE. Intake. The administrative and assessment process for admission to a program.

FF. Individualized Treatment Plan (ITP). A written action plan based on assessment data that identifies the client's needs, the strategy for providing services to meet those needs, treatment goals and objectives, and the criteria for terminating the specified interventions.

GG. Investigation. A visit by authorized individuals to a licensed or unlicensed entity for the purpose of determining the validity of allegations received by the Department relating to this regulation.

HH. Levo-alpha acetylmethadol (LAAM). A multi-day synthetic narcotic medication.

II. License. The authorization to operate a facility as defined in this regulation and as evidenced by a certificate issued by the Department to a facility.

JJ. Licensed Nurse. A person to whom the SC Board of Nursing has issued a license as a registered nurse or licensed practical nurse.

KK. Licensee. The individual, corporation, organization, or public entity who has received a license to provide psychoactive substance abuse or dependence treatment services and with whom rests the ultimate responsibility for compliance with this regulation.

LL. Methadone. A synthetic narcotic medication usually administered on a daily basis.

MM. Minor. Any person whose age does not meet the criteria indicated in Section 101.C.

NN. Mothers with Children Facilities. A residential treatment program facility for mothers undergoing psycho-substance abuse/dependence treatment where circumstances prohibit the child(ren) being housed/cared for in locations other than with the mother, and the child is under the mother's direct care or in a licensed child care facility approved by DSS. The terms "child" or "children" are considered synonymous with "infant," "baby," "adolescent," or "offspring."

OO. Narcotic Treatment Program (NTP). An outpatient psychoactive substance abuse/dependence program using methadone or other narcotic treatment medication such as LAAM, and offering a range of treatment procedures and services for the rehabilitation of persons dependent on opium, morphine, heroin, or any derivative or synthetic drug of that group. The NTP is designed to prevent the onset of abstinence symptoms for at least 24 hours; reduce or eliminate drug craving; and block the effects of other opiates without producing euphoria or other undesirable effects.

1. Clinic. A single location at which NTP medication and rehabilitative services to clients are provided.

2. Detoxification. A medically-supervised, gradual reduction or tapering of dose over time to achieve the elimination of tolerance and physical dependence to NTP medications, and not detoxification from other substances which shall be accomplished pursuant to R.61-4.

3. Maintenance. A treatment procedure using NTP medication or any of its derivatives administered over a period of time to relieve withdrawal symptoms, reduce craving and permit normal functioning.

4. Maintenance Continuing Care. A planned course of treatment for NTP maintenance clients directed toward reduction in dosage, achievement of abstinence and, with the aid of supportive counseling, the forging of a drug-free lifestyle.

PP. New Facility. All buildings or portions of buildings, new and existing building(s), that are:

1. Being licensed for the first time;
2. Providing a different modality/service when the licensee has changed the type of license;
3. Being licensed after the previous licensee's license has been revoked, suspended, or after the previous licensee has voluntarily surrendered his/her license.

QQ. Outpatient Facility. A facility providing specialized nonresidential services, which may include prevention services, for individuals dependent upon or abusing psychoactive substance(s) and for their families. (NTP is a separate type of facility)

RR. Outpatient Services. Services to individuals dependent upon or abusing psychoactive substance(s) and their families based on an individualized treatment plan (ITP) in a nonresidential setting including assessment, diagnosis, and treatment that may encompass individual, family, and group counseling, vocational and educational counseling, and referral services.

SS. Peak Hours. Those hours in a 24-hour facility from the time when clients awake until going to bed, or other justifiable and reasonable time-period determined by the facility, and in consideration of clients' presence in the facility, and acuity of their needs.

TT. Pharmacist. An individual currently licensed as such by the SC Board of Pharmacy.

UU. Physical Examination. In facilities other than NTP (See Section 3208), an examination of a client by a physician or other authorized healthcare provider which addresses those issues identified in Section 1001.A.1 of this regulation.

VV. Physician. An individual currently licensed to practice medicine by the SC Board of Medical Examiners.

WW. Physician's Assistant. An individual currently licensed as such by the SC Board of Medical Examiners.

XX. Primary Counselor. An individual who is assigned by a facility to develop, implement, and periodically review the client's ITP and to monitor a client's progress in treatment.

YY. Psychoactive Substance Abuse or Dependence. A chronic disorder manifested by repeated use of alcohol or other drugs to an extent that interferes with a person's health, social, or economic functioning; some degree of habituation, dependence or addiction may be implied. Persons who are dependent or abusing psychoactive substance(s) are those whose compulsive use of alcohol or other drugs is such that they have lost the power of self-control

with respect to the use of the chemical.

ZZ. Psychoactive Substance Abuse or Dependence Treatment Facility. A facility that provides specialized structured psychoactive substance abuse/dependence care/treatment for two or more persons unrelated to the licensee, including outpatient, NTP, residential treatment, or detoxification.

AAA. Quality Improvement Program. The process used by a facility to examine its methods and practices of providing care/services, identify the ways to improve its performance, and take actions that result in higher quality of care for the facility's clients.

BBB. Ramp. An inclined accessible route that facilitates entrance to or egress from or within a facility.

CCC. Related/Relative. A spouse, son, daughter, sister, brother, parent, aunt, uncle, grandchild, niece, nephew, grandparent, great-grandparent, grandchild, or great-grandchild. (This is also referred to as within the 3rd degree of consanguinity).

DDD. Repeat Violation. The recurrence of a violation cited under the same section of the regulation within a 36-month period. The time-period determinant of repeat violation status is also applicable in instances when there are ownership changes.

EEE. Residential Treatment Program Facility. A 24-hour facility offering an organized service in a residential setting which is designed to improve the client's ability to structure and organize the tasks of daily living and recovery through planned clinical activities, counseling, and clinical monitoring in order to promote successful involvement or re-involvement in regular, productive daily activity, and, as indicated, successful reintegration into family living.

FFF. Revocation of License. An action by the Department to cancel or annul a facility license by recalling, withdrawing, or rescinding its authority to operate.

GGG. Satellite Facility. An approved outpatient facility at a location other than the main outpatient facility that is owned or operated by the same licensee. Satellite locations are authorized only in the same county as the main facility or in contiguous counties to the county in which the main facility is located.

HHH. Staff. Those individuals who are employees (full and part-time) of the facility, to include those individuals contracted to provide treatment/care/services for the clients.

III. Suspend License. An action by the Department requiring a facility to cease operations for a period of time or to require a facility to cease admitting clients, until such time as the Department rescinds that restriction.

JJJ. Treatment. The process of providing for the physical, emotional, psychological, and social needs of clients which may include diagnostic evaluation, counseling, medical, psychiatric, psychological, nutritional, recreational, educational, or social service care, which may be extended to clients to influence the behavior of such individuals toward identified goals and objectives.

KKK. Twenty-Four Hour Facility. A facility which offers overnight accommodations to clients as well as psychoactive substance abuse or dependence treatment and other care/services appropriate to their condition.

LLL. Volunteer. An individual who performs tasks that are associated with the operation of the facility without pay and at the direction of the administrator or his/her designee.

102. References

A. The following Departmental publications are referenced in these regulations:

1. R. 61-4, SC Controlled Substances Regulation
2. R.61-20, Communicable Diseases;
3. R.61-25, Retail Food Establishments;
4. R.61-51, Public Swimming Pools;
5. R.61-58, State Primary Drinking Water Regulations;
6. R.61-67, Standards for Wastewater Facility Construction;
7. R.61-105, SC Infectious Waste Management Regulations;
8. SC Guidelines for Prevention and Control of Antibiotic Resistant Organisms.

B. The following non-Departmental publications are referenced within this regulation:

1. Standard Building Code;
2. National Fire Protection Association (NFPA) 101, Life Safety Code, 1985 edition and other NFPA standards, as applicable;
3. National Electrical Code;
4. Standard Plumbing Code;
5. Standard Mechanical Code;
6. Standard Gas Code;
7. State Fire Marshal Regulations;
8. American National Standards Institute (ANSI) 117.1, Specifications for Making Building and Facilities Accessible to and Useable by the Physically Handicapped;
9. Underwriters Laboratories - Fire Resistance Directory;

10. Underwriters Laboratories - Building Materials List;
11. Occupational Safety and Health Act of 1970 (OSHA);
12. Food and Nutrition Board of the National Research Council, National Academy of Sciences;
13. National Sanitation Federation;
14. Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities.

103. License Requirements

A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself as a facility in SC without first obtaining a license from the Department. When it has been determined by the Department that care/treatment for psychoactive substance abuse or dependence to two or more individuals unrelated to the owner is being provided at a location, and the owner has not been issued a license from the Department to provide such care/treatment, the owner shall cease and desist operation immediately and ensure the safety, health, and well-being of the occupants within the scope of the law. Admission of clients prior to the effective date of licensure is a violation of Section 44-7-260(A)(1) **[See Note]** of the SC Code of Laws, 1976, as amended. Current/prior violations of the SC Code and/or Department regulations may jeopardize the issuance of a license for the facility or the licensing of any other facility or addition to an existing facility that is owned/operated by the licensee. The facility shall provide only the treatment, services, and care it is licensed to provide pursuant to the definition in Section 101 of this regulation. (I)

[Note: This reference, as printed in the State Register, is incorrect. The correct reference is 44-7-260(A)(7)]

B. Compliance. An initial license shall not be issued to a proposed facility that has been not previously and continuously licensed under Department regulations until the licensee has demonstrated to the Department that the proposed facility is in substantial compliance with the licensing regulations. In the event a licensee of a currently licensed facility/activity makes application for another facility, the currently licensed facility/activity shall demonstrate substantial compliance with the applicable standards prior to the Department issuing a license to the proposed facility. A copy of this regulation shall be maintained at the facility. Facilities shall comply with applicable local, state, and federal laws, codes, and regulations.

C. Compliance to Structural Standards. Facilities licensed at the time of promulgation of this regulation (existing facility) as a detoxification facility, or residential treatment program facility under R.61-84, Standards for Licensing Community Residential Care Facilities, or as an outpatient facility under the previous version of R.61-93, Standards for Licensing Outpatient Facilities for Chemically Dependent or Addicted Persons, shall be licensed under this regulation as follows:

1. Existing facilities shall be allowed to continue utilizing the previously-licensed structure without modification. Existing facilities shall not be required to modify square footage of client rooms, sitting areas, and maximum number of beds in client rooms or provide a private client room.

2. The existing facility shall comply with the remainder of the standards within this regulation.

D. Compliance to Structural Standards (Ownership Change). When changes in ownership occur, the new licensee shall, through coordination with the Department's Division of Health Facilities Construction, formulate a plan for the facility to be in compliance with current building, fire and life safety codes within 18 months of the date of the ownership change, unless specific standards are exempted by the Department. Facilities are not required to modify square footage of client rooms and maximum number of beds in client rooms. (II)

E. Licensed Capacity. No facility that has been authorized to provide certain treatment/care/services shall provide other services outside the limits of the type facility identified on the face of the license and/or which it has been authorized to provide. (I)

F. Licensed Bed Capacity. No 24-hour facility that has been authorized to provide a set number of licensed beds, as identified on the face of the license, shall exceed the licensed bed capacity. No facility shall establish new treatment/care/services or occupy additional beds or renovated space without first obtaining authorization from the Department. (I)

G. Persons Received in Excess of Licensed Bed Capacity. No 24-hour facility shall receive for treatment/care/services persons in excess of the licensed bed capacity, except in cases of justified emergencies. (I)

EXCEPTION: Licensed Capacity Exception. In the event that the facility temporarily provides shelter for evacuees who have been displaced due to a disaster, then for the duration of that emergency, provided the health, safety, and well-being of all clients are not compromised, it is permissible to temporarily exceed the licensed capacity for the facility in order to accommodate these individuals (See Section 607).

H. Living Quarters for Staff in 24-hour Facilities. In addition to clients, only staff, volunteers, or owners of the facility and members of their immediate families may reside in facilities licensed under this regulation. Client rooms shall not be utilized by staff/family/volunteers nor shall staff/volunteers bedrooms be utilized by clients. However, children may occupy client rooms that have been licensed by the Department in programs specifically licensed to provide care/treatment for mothers who are chemically dependent. (II)

I. Issuance and Terms of License.

1. A license is issued by the Department and shall be posted in a conspicuous place in a public area within the facility.

2. The issuance of a license does not guarantee adequacy of individual care, treatment, personal safety, fire safety or the well-being of any client or occupant of a facility.

3. A license is not assignable nor transferable and is subject to revocation at any time by the Department for the licensee's failure to comply with the laws and regulations of this State.

4. A license shall be effective for a specified facility, at a specific location(s), for a specified period following the date of issue as determined by the Department. A license shall remain in effect until the facility is otherwise notified by the Department.

5. Except for outpatient satellite facilities, facilities owned by the same entity but which are not located on the same adjoining or contiguous property shall be separately licensed. Roads or local streets, except limited access, e.g., interstate highways, shall not be considered as dividing otherwise adjoining or contiguous property.

6. Separate licenses are not required, but may be issued, for separate buildings on the same or adjoining grounds where a single level or type of care is provided.

7. Multiple types of facilities on the same premises shall be licensed separately even though owned by the same entity.

J. Facility Name. No proposed facility shall be named nor may any existing facility have its name changed to the same or similar name as any other facility licensed in SC. If it is part of a "chain operation" it shall then have the geographic area in which it is located as part of its name. The Department shall determine if names are similar.

K. Application. Applicants for a license shall submit to the Department a completed application on a form prescribed, prepared and furnished by the Department prior to initial licensing and periodically thereafter at intervals determined by the Department. Applicants for a license shall file application with the Department, that includes both an oath assuring that the contents of the application are accurate/true and compliance with this regulation.

L. Licensing Fees. Fees shall be made payable by check or money order to the Department.

1. The initial and annual license fee shall be \$75.00 for outpatient facilities and NTP's. The licensing fee for outpatient facility satellite locations shall be \$50.00 initial and annual per satellite facility.

2. For all other facilities licensed under this regulation, the annual license fee shall be \$10.00 per bed, with a minimum of \$75.00.

3. Fees for additional beds shall be prorated based upon the remaining months of the licensure year.

4. All fees remaining unpaid 30 days after billing shall be issued a late notice with no penalty due; however, it shall contain advisement of penalty for non-payment after 60 days. Fees remaining unpaid after 60 days shall be assessed a 10% penalty. Fees remaining unpaid at the end of 90 days shall be assessed a 25% penalty in addition to the 60-day penalty.

5. If a license renewal is denied, a portion of the fee shall be refunded based upon the remaining months of the licensure year, or \$75.00, whichever is greater.

6. Continual failure to submit completed and accurate renewal applications and/or fees by the time-periods specified by the Department may result in an enforcement action.

M. License Renewal. For a license to be renewed, applicants shall file an application with the Department, pay a license fee, and shall not be under consideration for, or undergoing enforcement actions by the Department. If the license renewal is delayed due to enforcement actions, the renewal license will be issued only when the matter has been resolved satisfactorily by the Department, or when the adjudicatory process is completed, whichever is applicable.

N. Change of License.

1. A facility shall request issuance of an amended license by application to the Department prior to any of the following circumstances:

- a. Change of ownership;
- b. Change in authorized capacity;
- c. Reallocation of types of beds as shown on the license (if applicable).
- d. Change of facility location from one geographic site to another.

2. Changes in a facility name or address initiated by the post office (no location change) may be accomplished by application or letter from the licensee.

O. Licensing is not required for any facility operated by the federal government.

P. Exceptions to the Standards of this Regulation. The Department has the authority to make exceptions to these standards when it is determined that the health, safety, and well-being of the clients will not be compromised and provided the standard is not specifically required by state or federal law.

SECTION 200 - ENFORCING REGULATIONS

201. General

The Department shall utilize inspections, investigations, consultations, and other pertinent documentation regarding a proposed or licensed facility in order to enforce this regulation.

202. Inspections/Investigations

A. Inspections shall be conducted prior to initial licensing of a facility and subsequent inspections conducted as deemed appropriate by the Department.

B. All facilities are subject to inspection/investigation at any time without prior notice by individuals authorized by the Department. When staff/clients are absent, the facility shall provide information to those seeking legitimate access to the facility, including visitors as to the expected return of staff/clients.

C. Individuals authorized by the Department shall be granted access to all properties and

areas, objects, and records, and have the authority to require the facility to make photocopies of those documents required in the course of inspections or investigations. Photocopies shall be used only for purposes of enforcement of regulations and confidentiality shall be maintained except to verify individuals in enforcement action proceedings. (II)

D. When there is noncompliance with the standards of this regulation, the facility shall submit an acceptable written plan of correction to the Department that shall be signed by the administrator and returned by the date specified on the report of inspection/investigation. The written plan of correction shall describe: (II)

1. The actions taken to correct each cited deficiency;
2. The actions taken to prevent recurrences (actual and similar);
3. The actual or expected completion dates of those actions.

E. Reports of inspections conducted by the Department, including the facility response, shall be made available upon request with the redaction of the names of those individuals in the report as provided by Section 44-7-315 of the SC Code of Laws, 1976, as amended.

203. Consultations

Consultations shall be provided by the Department as requested by the facility or as deemed appropriate by the Department.

SECTION 300 - ENFORCEMENT ACTIONS

301. General

When the Department determines that a facility is in violation of any statutory provision or regulation relating to the operation or maintenance of such facility, the Department, upon proper notice, may initiate an enforcement action, i.e., deny, suspend, or revoke a license, or impose a monetary penalty.

302. Violation Classifications

Violations of standards in regulation are classified as follows:

A. Class I violations are those that the Department determines to present an imminent danger to the health, safety, or well-being of persons in the facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods or operations in use in a facility may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation exists after expiration of the time established by the Department shall be considered a subsequent violation.

B. Class II violations are those, other than Class I violations, that the Department determines to have a negative impact on the health, safety or well-being of persons in the

facility. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in these regulations or those that are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

D. The notations, “(I)” or “(II)” placed within sections of this regulation, indicate those standards are considered Class I or II violations if they are not met, respectively. Standards not so annotated are considered Class III violations.

E. In arriving at a decision to take enforcement actions, the Department will consider the following factors: specific conditions and their impact or potential impact on health, safety or well-being; efforts by the facility to correct cited violations; behavior of the licensee that would reflect negatively on the licensee’s character such as illegal/illicit activities; overall conditions; history of compliance; and any other pertinent conditions that may be applicable to current statutes and regulations.

F. When a decision is made to impose monetary penalties, the following schedule will be used as a guide to determine the dollar amount:

**Frequency of violation
of standard within a
36-month period:**

MONETARY PENALTY RANGES

FREQUENCY	CLASS I	CLASS II	CLASS III
1st	\$ 500 - 1500	\$ 300 - 800	\$100 - 300
2nd	1000 - 3000	500 - 1500	300 - 800
3rd	2000 - 5000	1000 - 3000	500 - 1500
4th	5000	2000 - 5000	1000 - 3000
5th	7500	5000	2000 - 5000
6th	10,000	7500	5000

G. Any enforcement action taken by the Department may be appealed in a manner pursuant to the Administrative Procedures Act, Section 1-23-310, *et seq.* of the SC Code Laws, 1976, as amended.

SECTION 400 - POLICIES AND PROCEDURES

401. General (II)

A. Policies and procedures addressing each section of this regulation regarding client treatment, care, services, and rights, and the operation of the facility shall be developed and implemented, and revised as required in order to accurately reflect actual facility operation. Facilities shall establish a time-period for review of all policies and procedures. These policies and procedures shall be accessible at all times. A hard copy of the client care policies and procedures shall be available or be accessible electronically at each facility.

B. The policies and procedures shall describe the means by which the facility shall assure that the standards described in this regulation, which the licensee has agreed to meet as confirmed by his/her application, are met.

SECTION 500 - STAFF

501. General (II)

A. Appropriate staff/volunteers in numbers and training shall be provided to suit the needs and condition of the clients and meet the demands of effective emergency on-site action that might arise. Training requirements/qualifications for the tasks each performs shall be in compliance with all local, state, and federal laws, and current professional organizational standards. Direct care staff members/volunteers of the facility, shall not have a prior conviction or pled no contest (nolo contendere) for child or adult abuse, neglect or mistreatment, or have an active dependency on psychoactive substances that would impair his/her ability to perform assigned duties. The facility shall coordinate with applicable organizations that maintain registries should licensed/certified individuals be considered as employees of the facility.

B. There shall be a qualified administrator available within a reasonable time and distance in order to appropriately manage the day-to-day operation of the facility. The administrator shall exercise judgement that reflects that s/he is mentally and emotionally capable of meeting the responsibilities involved in operating a facility to ensure that it is in compliance with these regulations, and shall demonstrate adequate knowledge of these regulations. A qualified staff member shall be designated, in writing, to act in the absence of the administrator.

C. Additional staff shall be provided if it is determined that the minimum staff requirements are inadequate to provide appropriate services and supervision to the clients of a facility.

D. Staff/volunteers shall be provided the necessary training to perform the duties for which they are responsible in an effective manner.

E. In 24-hour facilities, no care/treatment/services shall be provided to individuals who are not clients of the facility, except those services provided to family members as part of the client's recovery plan.

F. There shall be accurate information maintained regarding all staff/volunteers of the facility, to include at least current address, phone number, health and work/training background,

as well as current information. All employees shall be assigned certain duties and responsibilities that shall be in writing and in accordance with the individual's capability.

G. When care, treatment, or services are provided by another entity, there shall be a written agreement with the entity that describes how the services provided are in accordance with the individualized treatment plan (ITP) and states that the staff/volunteers providing these services are qualified and supervised properly. The entity with whom a facility has written agreement shall comply with this regulation in regard to client care, treatment, services and rights.

502. Inservice Training (II)

A. In all facilities, the following training shall be provided to all staff/volunteers, and those clients in residential treatment program facilities who may be utilized to supplement staffing, within one month of hiring and at least annually:

1. The nature of alcohol and other drug addiction, complications of addictions, and withdrawal symptoms.
2. Confidentiality of client information and records, and the protection of client rights.

B. In addition to the above, in 24-hour facilities, the following training shall be provided by appropriate resources, e.g., licensed persons, video tapes, books, etc., to all direct client care staff/volunteers prior to client contact and at a frequency as determined by the facility, but at least annually:

1. Cardio-pulmonary resuscitation to ensure that there is at least one certified individual present when clients are in the facility (detoxification facilities only);
2. Basic first-aid to include emergency procedures as well as procedures to manage/care for minor accidents or injuries;
3. Procedures for checking and recording vital signs (for those facilities to which applicable);
4. Management/care of persons with contagious and/or communicable disease, e.g., hepatitis, tuberculosis (TB), Human Immunodeficiency Virus (HIV) infection;
5. Medication management (for those facilities to which applicable);
6. Use of restraints and seclusion (detoxification facilities only, if applicable);
7. Seizure management (detoxification facilities only);
8. For those whose care for clients may involve contact with blood and may be at risk, those OSHA standards regarding bloodborne pathogens.

C. All new staff/volunteers shall be oriented to acquaint them with the organization and environment of the facility, specific duties and responsibilities of the staff/volunteers, and client

needs.

503. Health Status (I)

A. All staff and volunteers who have contact with clients, including food service staff/volunteers, shall have a health assessment within 12 months prior to initial client contact. The health assessment shall include tuberculin skin testing as described in Section 1402.

B. If a staff member/volunteer is working at multiple facilities operated by the same licensee, copies of records for TB screening and the pre-employment health assessment shall be acceptable at each facility, provided that information is in compliance with this regulation. For any other staff member/volunteer, a copy of the TB screening record shall be acceptable provided the screening had been completed within three months prior to client contact.

504. Counselors (II)

A. Each facility shall have at least one staff counselor who is fully-certified or licensed. All non-certified/licensed counselors shall be under the direct supervision (on-site) of a fully-certified/licensed counselor. Staff/volunteers shall be considered qualified to provide clinical counseling services only by one of the following:

1. For direct client services:

a. Certification as a Clinical Supervisor or Addictions Counselor I or II under the system administered by the SC Association of Alcohol and Drug Abuse Counselors (SCAADAC) Certification Commission, or currently engaged (as verified and documented in the individual's personnel file) in the SCAADAC certification process that is to be completed within a three-year period from date of hire as a counselor;

b. Certification as an addictions counselor by:

(1) The National Association of Alcohol and Drug Abuse Counselors (NAADAC);

(2) An International Certification Reciprocity Consortium-approved certification board;

(3) Any other SC Department of Alcohol and Other Drug Abuse Services (DAODAS)-approved credentialing/certification association or commission.

c. Licensed as a:

(1) Psychiatrist by the SC Board of Medical Examiners;

(2) Psychologist by the SC Board of Examiners in Psychology;

(3) Social worker by the SC Board of Social Work Examiners;

(4) Counselor or therapist by the SC Board of Examiners for Professional Counselors and Marital and Family Therapists, pursuant to Section 40-75-30, of the SC Code

of Laws, 1976, as amended.

2. For counselors in narcotic treatment programs (NTP):

- a. Any of the certifications/licensures in 504.A.1 above; or
- b. The American Academy of Health Care Providers in the Addictive Disorders;
- c. The National Board for Certified Counselors; or
- d. Any other equivalent, nationally-recognized, and DAODAS-approved association or accrediting body that includes similar competency-based testing, supervision, educational, and substantial experience.

3. For prevention services when provided:

- a. Certification by the SC Association of Prevention Professionals and Advocates as a Prevention Professional or Senior Prevention Professional; or
- b. In-process of becoming certified as a Prevention Professional. This certification shall be achieved within a 33-month period of time from the date of hire as a prevention counselor.

B. Any individual employed as a direct client, NTP, or prevention services counselor, to include contracted staff, who does not obtain his/her certification/licensing within the above time-periods, shall cease providing counseling services until that certification/licensing status is achieved.

SECTION 600 - REPORTING

601. Incidents/Accidents (II)

A. A record of each accident and/or incident, including usage of physical restraints, involving clients or staff/volunteers, occurring in the facility or on the facility grounds shall be retained.

1. Incidents/accidents and/or serious medical conditions as defined below and any illness resulting in death or inpatient hospitalization shall be reported via telephone to the next-of-kin or responsible person at the earliest practicable hour, but not to exceed 24 hours of the occurrence, and in writing to the Department's Division of Health Licensing (DHL) within 10 days of the occurrence.

2. Serious medical conditions shall be considered as, but not limited to: fractures of major limbs or joints, severe burns, severe lacerations, severe hematomas, and actual/suspected abuse/neglect/exploitation of clients.

B. Reports shall contain at a minimum: facility/program name, client age and sex, date of incident/ accident, location, witness names, extent/type of injury and how treated, e.g.,

hospitalization, identified cause of incident/accident, internal investigation results if cause unknown, identity of other agencies notified of incident, and the date of the report.

C. Medication errors and adverse medication reactions shall be reported immediately, as applicable, to the prescriber, supervising nurse, pharmacist, and administrator and recorded in the client record.

D. In medical detoxification facilities only, incidents where clients have left the premises without notice to staff/volunteers of intent to leave and have not returned to the facility within 24 hours, shall be reported to DHL, next-of-kin, responsible person, and, if there is evidence that the client may be a danger to himself or others, local law enforcement.

E. In 24-hour facilities, changes in the client's condition to the extent that serious health concerns, e.g., heart attack, are evident, shall be reported immediately to the attending physician, and no later than 12 hours to next-of-kin/responsible person and administrator. (I)

F. In NTP facilities, premature or stillborn births to clients shall be reported in writing to DHL within 10 working days.

602. Fire/Disasters (II)

A. DHL shall be notified immediately via telephone or fax regarding any fire in the facility, and followed by a complete written report to include fire reports, if any, to be submitted within a time-period determined by the facility, but not to exceed 72 hours from the occurrence of the fire.

B. Any natural disaster or fire, that requires displacement of the clients, or jeopardizes or potentially jeopardizes the safety of the clients, shall be reported to DHL via telephone/fax immediately, followed by a complete written report which includes the fire report from the local fire department, if appropriate, submitted within a time-period as determined by the facility, but not to exceed 72 hours.

603. Communicable Diseases and Animal Bites (I)

All cases of diseases and animal bites that are required to be reported to the appropriate county health department shall be accomplished in accordance with R.61-20.

604. Administrator Change

DHL shall be notified in writing by the licensee within 10 days of any change in administrator. The notice shall include at a minimum the name of the newly-appointed individual and effective date of the appointment.

605. Joint Annual Report

Facilities, e.g., medical detoxification, required by the Department's Planning and Certificate of Need Division to submit a "Joint Annual Report" shall complete and return this report within the time-period specified by that Division.

606. Accounting of Controlled Substances (I)

Any facility registered with the Department's Bureau of Drug Control and the United States Drug Enforcement Agency shall report any theft or loss of controlled substances to local law enforcement and to the Department's Bureau of Drug Control within five days of the discovery of the loss/theft. Any facility permitted by the SC Board of Pharmacy shall report the loss or theft of drugs or devices in accordance with Section 40-43-91 of the SC Code of Laws.

607. Emergency Placements

In instances where evacuees have been relocated to the facility, DHL shall be notified not later than the following workday of the circumstances regarding the emergency placement and the aggregate number of individuals received.

608. Facility Closure

A. Prior to the permanent closure of a facility, DHL shall be notified in writing of the intent to close and the effective closure date. Within 10 days of the closure, the facility shall notify DHL of the provisions for the maintenance of the records, and the identification of the site where clients are relocated. On the date of closure, the license shall be returned to DHL.

B. In instances where a facility temporarily closes, DHL shall be given written notice within a reasonable time in advance of closure. At a minimum this notification shall include, but not be limited to: the reason for the temporary closure, the location where the clients have been/will be transferred (24-hour facility only), the manner in which the records are being stored, and the anticipated date for re-opening. DHL shall consider, upon appropriate review, the necessity of inspecting the facility prior to its re-opening. If the facility is closed for a period longer than one year, and there is a desire to re-open, the facility shall re-apply to the Department for licensure and shall be subject to all licensing requirements at the time of that application, including construction-related requirements for a new facility.

609. Zero Census

In instances when there have been no clients in a facility for a period of 90 days or more for any reason, the facility shall notify DHL in writing that there have been no admissions no later than the 100th calendar day following the date of departure of the last active client. At the time of that notification, DHL will consider, upon appropriate review of the situation, the necessity of inspecting the facility prior to any new and/or readmissions to the facility. If the facility has no clients for a period longer than one year, and there is a desire to admit a client, the facility shall re-apply to the DHL for licensure and shall be subject to all licensing requirements at the time of that application, including construction-related requirements for a new facility.

SECTION 700 - CLIENT RECORDS

701. Content (II)

A. The facility shall initiate and maintain a client record for every individual assessed and/or treated. The record shall contain sufficient information to identify the client and the agency

and/or person responsible for each client, support the diagnosis, justify the treatment, and describe the response/reaction to treatment. The record contents shall also include the provisions for release of information, client rights, consent for treatment (approval by parent/guardian of client), medications prescribed and administered, and diet (24-hour facilities only), documentation of the course and results, and promote continuity of treatment among treatment providers, consistent with acceptable standards of practice. In facilities for mothers with children, the name and age of each child shall be maintained in the facility. All entries shall be written legibly in ink or typed and signed and dated.

B. Specific entries shall include at a minimum, if applicable:

1. Consultations by physicians or other authorized healthcare providers;
2. Orders and recommendations for all medication, care, treatment, services, procedures, and diet from physicians or other authorized healthcare providers, which shall be completed prior to, or at the time of admission, and subsequently, as warranted;
3. Care/treatment/services provided; medications administered and procedures followed if an error is made; special procedures and preventive measures performed; notes of counseling sessions; and notes of any other significant observation(s);
4. Provisions for routine and emergency medical care, to include the name and telephone number of the client's physician, plan for payment, and plan for securing drugs.

C. With the exception of those enrolled in primarily educational-related programs, each client, to include those being monitored or case-managed for services received elsewhere, shall have a written ITP.

D. The ITP shall contain specific goal-related objectives based on the needs of the client as identified during the assessment phase including adjunct support service needs and other special needs. The plan will also include the methods and strategies for achieving these objectives and meeting these needs in measurable terms with expected achievement dates. The type and frequency of counseling as well as counselor assignment shall be included. The criteria for terminating specified interventions will be included in the plan. ITP's shall be reviewed on a periodic basis as determined by the facility and/or revised as changes in client needs occur.

EXCEPTION: The ITP description in this section is not applicable to detoxification facilities. See Section 3106.

E. The client shall participate in the development of his/her ITP. The client and primary counselor shall sign and date this plan as documentation of their participation in its development.

F. There shall be a discharge summary, completed within a time-period as determined by the facility, and a copy provided to the client, which shall include at minimum:

1. Time and circumstances of discharge or transfer, including condition at discharge or transfer, or death;

2. The recommendations and arrangements for further treatment, including aftercare.

702. Authentication of Signatures (II)

A. Those entries in the client record that require authentication shall be defined by the facility. Any entry in the client record shall have the author identified.

B. Facilities employing electronic signatures or computer-generated signature codes shall ensure authentication and confidentiality.

703. Record Maintenance

A. The licensee shall provide accommodations, space, supplies, and equipment adequate for the protection, and storage of client records.

B. The client record is confidential and may be made available only to individuals authorized by the facility and/or in accordance with local, state, and federal laws, codes, and regulations. The written disclosure of information shall include: (II)

1. The name of the person/agency to which the information is to be disclosed;
2. The specific information to be disclosed;
3. The purpose of the disclosure;
4. A stipulation that the consent for disclosure is only for a specified period of time;
5. The signature of the client, date signed, and witness's signature.

C. Records generated by organizations/individuals contracted by the facility for services, treatment, or care shall be maintained by the facility that has admitted the client.

D. The facility shall determine the medium in which information is stored.

E. Upon discharge of a client, the record shall be completed and filed in an inactive/closed file within a time-period determined by the facility, but not to exceed 30 days, and shall be maintained by the licensee. Prior to the closing of a facility for any reason, the licensee shall arrange for preservation of records to ensure compliance with these regulations. The licensee shall notify DHL, in writing, describing these arrangements and the location of the records.

F. Records of adult clients may be destroyed after six years following discharge of the client. Records of minors shall be retained for six years or until majority, whichever period of time is greater. Other regulation-required documents, e.g., medication destruction, fire drills, etc., shall be retained for at least 12 months or since the last DHL general inspection, whichever is the longer period.

G. In the event of change of ownership, all active client records or copies of active client records shall be transferred to the new owner(s).

H. Records of clients are the property of the facility and may not be removed without court order.

EXCEPTION: When a client transfers from one licensed facility to another within the provider network (same licensee) the original record may follow the client; the sending facility shall maintain documentation of the client's transfer/discharge dates and identification information.

SECTION 800 - CLIENT CARE/TREATMENT/SERVICES

801. General (II)

A. Individuals seeking admission shall be identified as appropriate for the level of care or services, treatment, or procedures offered. The facility shall establish admission criteria that are consistently applied and comply with state and federal laws and regulations. The facility shall admit only those persons whose needs can be met within the accommodations and services provided. (I)

B. Care/treatment/services relative to the needs of the client, e.g., counseling, diet, medications, to include medical emergency situations, as identified in the client record and ordered by appropriate health care professionals, shall be provided, and coordinated among those responsible during the treatment process and modified as warranted based on any changing needs of the client. (I)

C. For 24-hour facilities:

1. Clients shall receive, as needed, appropriate assistance in activities of daily living;
2. Clients shall be neat, clean, and appropriately and comfortably clothed;
3. Clients shall be provided necessary items and assistance, if needed, to maintain their personal cleanliness;
4. An adequate supply of recreational supplies shall be available to clients to meet their recreational needs;
5. Opportunities shall be provided for participation in religious services. Reasonable assistance in obtaining pastoral counseling shall be provided upon request by the client.

D. Care/treatment/services shall be rendered effectively and safely in accordance with orders from physicians, other authorized healthcare providers, and certified/licensed counselors, and precautions taken for clients with special conditions, e.g., pacemakers, wheelchairs, etc. (I)

E. Clients shall be given the opportunity to participate in aftercare/continuing care programs offered by the facility or through referral.

F. Precautions shall be taken for the protection of the personal possessions of the clients including their personal funds. The facility may secure the personal funds of the client provided

the client authorizes the facility to do so. The facility shall maintain an accurate accounting of the funds, including evidence of purchases by facility on behalf of the clients. No personal monies shall be given to anyone, including family members, without written consent of the client. If money is given to anyone by the facility, a receipt shall be obtained.

G. In the event of closure of a facility for any reason, the facility shall ensure continuity of treatment/care by promptly notifying the client's attending physician or other authorized healthcare provider or counselor and arranging for referral to other facilities at the direction of the physician or other authorized healthcare provider or counselor.

H. The provision of care/treatment/services to clients shall be guided by the recognition of and respect for cultural differences to assure reasonable accommodations will be made for clients with regard to differences, such as, but not limited to, religious practice and dietary preferences.

802. Transportation

Twenty-four hour facilities shall provide or assist in securing local transportation for clients for emergent or non-emergent health reasons to health care providers such as, but not limited to, physicians, dentists, physical therapists, or for treatment at renal dialysis clinics.

803. Safety Precautions/Restraints (I)

A. No restraint, neither mechanical nor physical, including seclusion, shall be used in the facility except in cases of extreme emergency when a client is a danger to him/herself or others, and then only as ordered by a physician or other authorized healthcare provider until appropriate medical care can be secured. Such orders shall include the reason for use of the restraint/seclusion, the type of restraint that may be used, the maximum time the restraint may be used or the client may be placed in seclusion, and instructions for observing the client while in physical restraint/seclusion if different from the facility's written procedures. Clients certified by a physician or other authorized healthcare provider as requiring restraint/seclusion for more than 24 hours shall be transferred to an appropriate facility.

B. During the course of routine treatment/care (non-emergent conditions), periodic or continuous restraint usage shall not be allowed.

C. Restraints/seclusion shall not be used for staff convenience or as a substitute for treatment.

D. Should it be necessary to temporarily restrain in emergency situations, the facility shall ensure that clients placed in physical restraints or seclusion are monitored at a frequency as determined by the facility, but at least every 15 minutes. Clients shall be provided bathroom privileges, offered fluids, given medications as prescribed, given the opportunity for nourishment, if desired, at regularly scheduled mealtimes, and if the client is in a restraint, given an opportunity for motion and exercise.

804. Treatment of Minors (II)

A. Minors shall not be admitted to residential treatment program facilities (with the

exception of facilities for mothers with children) or detoxification facilities, except only by request to DHL on a case-by-case basis. These requests shall include:

1. A statement that the facility is able to provide services and accommodations for the minor;

2. A statement of agreement by parent(s) or legal guardian.

B. If the staff/volunteer considers consultation with the parents/guardians of minors regarding treatment issues to be appropriate without the consent of the minor, the reasons for such consultation shall be explained to the parents/guardians upon the minor's admission to the facility.

C. In 24-hour facilities, minors shall be housed separately from adults except in facilities for mothers with children.

D. In those instances where minors are served, the facility shall ensure that the special needs of these clients are addressed, including, but not limited to, education-related considerations.

EXCEPTION: A facility may admit a person 16 years or older to an outpatient or NTP facility, or to a facility for mothers with children; a child under 16 years of age may be admitted to these facilities with written consent of the parent or legal guardian.

805. Referral Services

A. Referrals shall not be made to unlicensed facilities if such facilities are required to be licensed. (II)

B. The facility shall offer current information regarding appropriate self-help groups to clients and encourage their participation in such activities.

C. Referral services shall be made available to individuals ineligible for admission to the facility's programs.

D. A community resource file shall be developed, maintained, and used for proper client referral and placement. The file shall contain listing of services, fees, hours of operation, and contact person as well as material to be provided to the client. Information regarding community resources such as transportation, hospital emergency services, ambulance services, and information and referral services shall be made available to clients.

E. An NTP shall establish linkages with the criminal justice system to encourage continuous treatment of individuals incarcerated or on probation and parole.

SECTION 900 - CLIENT RIGHTS AND ASSURANCES

901. Informed Consent (II)

All treatment, to include any new or innovative treatment or any research-oriented treatment or evaluation, shall be thoroughly explained to the client, to include the potential for any adverse effects/consequences of the specified treatment or research. In all instances of treatment, the client must voluntarily choose to participate in the program. The client shall be informed of any changes in treatment unless the client has waived, in writing, such consent.

902. Client Rights (II)

A. Client rights shall be guaranteed and prominently displayed in a public area. The facility shall inform the client in writing of these rights, to include, as a minimum:

1. The opportunity to participate in the ITP;
2. Informed consent for treatment;
3. Grievance/complaint procedures, including the address and phone number of DHL, and a provision prohibiting retaliation should the grievance right be exercised;
4. Confidentiality of client records;
5. Respect for the client's property;
6. Freedom from abuse, neglect, and exploitation; (I)
7. Privacy in visits unless contraindicated in the recovery and treatment process or as ordered by a physician or other authorized healthcare provider;
8. Privacy during treatment and while receiving personal care;
9. Respect and dignity in receiving care/treatment/services.

B. Clients shall be assured freedom of movement. Clients shall not be locked in or out of their rooms or any common usage areas, e.g., dining, sitting, activity rooms, in the facility, or in or out of the facility building. (I)

C. Care/treatment/services and items provided by the facility, the charge, and those services that are the responsibility of the client shall be delineated in writing and the client shall be made aware of such charges and services as verified by his/her signature.

D. The facility shall comply with all relevant federal, state, and local laws and regulations related to discrimination, e.g., Title VII, Section 601 of the Civil Rights Act of 1964, ADA, and ensure that there is no discrimination with regard to source of payment in the recruitment, location of client, acceptance or provision of goods and services to clients or potential clients, provided that payment offered is not less than the cost of providing services.

903. Discharge/Transfer

A. Unless a client is under court order or detained subject to a pending judicial process, a client may be transferred or discharged only for medical reasons, the welfare of the client, the welfare of other clients of the facility, lack of progress or participation in treatment, or successful completion of the program. S/he shall be given written notice of discharge except when the health, safety, or well-being of other clients of the facility would be endangered.

B. The conditions under which information regarding applicants or clients may be disclosed/ released, including disclosure/release in client health emergency situations, shall be established by the facility.

C. When a client is transferred from one facility to another, e.g., from a detoxification facility to a hospital, appropriate information from his/her client record shall be forwarded to the receiving facility within a time-period as determined by the facility but not to exceed 72 hours from transfer. The facility shall ensure that medication, personal possessions/ funds of the client, and other appropriate items are forwarded to the receiving facility/site in a manner that ensures continuity of care/treatment/services and maximum convenience to the client.

SECTION 1000 - CLIENT PHYSICAL EXAMINATION

1001. General (I)

A. A physical examination and history shall be completed within 30 days prior to admission or not later than 48 hours after admission for clients in 24-hour facilities. The procedure describing the need for a physical examination in outpatient facilities shall be determined by the facility with documented consultation with a physician or other authorized healthcare provider. For NTP's, see Section 3208.

EXCEPTION: If a client is admitted after 5:00 P.M. on Friday, a 24-hour facility has until close-of-business the next workday to obtain the admission physical examination.

1. As appropriate, the physical examination shall address the appropriateness of level of treatment placement, e.g., social detoxification, medical detoxification, residential treatment, etc., and identification of special conditions including the presence of communicable diseases.

2. In 24-hour facilities and NTP's, the physical examination shall include a tuberculin skin test, as described in Section 1402, unless there is a previously documented positive reaction.

3. The physical examination shall be performed only by a physician or other authorized healthcare provider.

4. If a client or potential client has a communicable disease, the administrator shall seek advice from a physician or other authorized healthcare provider in order to:

a. Ensure that the facility has the capability of providing adequate care and preventing the spread of that condition, and that the staff/volunteers are adequately trained;

b. Transfer the client to an appropriate facility, if necessary.

B. A discharge summary, which includes a physical examination from a health care facility, shall be acceptable as the physical examination provided the summary includes the requirements of Sections 1001.A. - 1001.A.3.

C. Isolation Provisions. Clients with contagious pulmonary tuberculosis shall be separated from non-infected clients until declared non-contagious by a physician or other authorized healthcare provider. Should it be determined that the facility cannot care for the client to the degree that assures his/her health and safety and that of the other clients in the facility, the client shall be relocated to a facility that can meet his/her needs.

D. In facilities for mothers with children, there shall be a report of a physical examination conducted not earlier than 30 days prior to the mother's admission or not later than 48 hours after admission for each child, attesting to health status and special care needs that may impact on the child, his/her mother, and/or others within the facility. The exception indicated in Section 1001.A shall be applicable for obtaining a physical examination for the child should the mother be admitted after 5 p.m. on Friday.

E. In the event that a client transfers from one 24-hour facility to another (e.g., medical detoxification to a residential treatment program), an additional admission physical/tuberculin skin test shall not be necessary, provided the physical was conducted not earlier than 12 months prior to the admission of the client, and the physical meets all other requirements specified in Section 1001.A.1, unless the receiving facility has an indication that the health status of the client has changed significantly. Two-step tuberculin skin tests remain a requirement of residential treatment program facilities. In such instances of transfer, issues of appropriateness of level of treatment placement shall be addressed in the client record.

SECTION 1100 - MEDICATION MANAGEMENT

1101. General (I)

A. Medications, including controlled substances, medical supplies and those items necessary for the rendering of first aid shall be properly managed in accordance with local, state, and federal law and regulations, which includes the securing, storing, and administering/dispensing/delivering of medications, medical supplies, and biologicals, their disposal when discontinued or outdated, and their disposition at discharge, death, or transfer of a client. All facilities that manage medication of clients shall comply with this section.

B. Applicable reference materials, e.g., Physicians= Desk Reference, published within the previous three years, shall be available at the facility in order to provide staff/volunteers with adequate information concerning medications.

1102. Medication Orders (I)

A. Medication, including oxygen, shall be administered/delivered to clients only upon orders of/authorization by a physician or other authorized healthcare provider. Medications accompanying clients at admission, may be administered/delivered to clients provided the

medication is in the original container and the order/authorization is subsequently obtained as a part of the admission physical. If there are concerns regarding whether or not such medications should be administered/delivered due to the condition or state of the medication, e.g., old, expired, makeshift labels, or the condition or state of health of the newly-admitted individual, staff/volunteers shall consult with or make arrangements to have the client examined by a physician or other authorized healthcare provider, or at the local hospital emergency room prior to administering/delivering any medications.

B. All orders (including verbal orders) shall be signed and dated by a physician or other authorized healthcare provider within a time-period as designated by the facility, but no later than 72 hours after the order is given.

C. Orders for controlled substances, as defined in R.61-4, shall be authenticated by the prescribing physician or designee.

D. Medications and medical supplies ordered for a specific client shall not be administered/delivered to any other client.

1103. Administering Medication (I)

A. Medications, including oxygen, shall be administered to clients only by those appropriately licensed to administer medications, pursuant to the SC Code of Laws.

B. Each medication dose administered/delivered or supervised shall be properly recorded by initialing on the client's medication record as the medication is administered. Doses of medication shall be administered by the same staff member/volunteer who prepared them for administration. Preparation of doses for more than one scheduled administration shall not be permitted, and such preparation shall occur no earlier than one hour prior to administering. The recording of medication administration shall include: the medication name, dosage, mode of administration, date, time, and the signature of the individual administering or supervising the taking of the medication. If the ordered dosage is to be given on a varying schedule, e.g., "take two tablets the first day and one tablet every other day by mouth with noon meal," the number of tablets shall also be recorded.

C. Self-administering of medications is permitted only when indicated by the physician or other authorized healthcare provider, verified by direct contact with the client by a staff member/volunteer, and recorded on the medication record by that same staff member/ volunteer. Verification and documentation shall occur at the same frequency as the medication is given. Facilities may elect not to permit self-administration.

EXCEPTION: Documentation of medication taken by clients, as described in Sections 1103.B and C, is not required for nonlegend medication for those who are physically and mentally capable of self-administering medications provided:

1. The medication does not require a prescription and is not specifically prescribed;
2. The client's physician or other authorized healthcare provider documents in the client's record that the client may, at the client's discretion, use and self-administer all nonprescription medications;

3. A current (within two-year) statement, attesting to the conditions stated in Section 1103.C.2 above, is signed and dated by the physician or other authorized healthcare provider, and filed in the client's record;

4. The statement in Section 1103.C.3 above is specifically addressed during subsequent physical examinations and appropriately revised or restated in the report of that examination;

5. The condition is specifically addressed in the periodic review and update of the record.

D. When clients who cannot self-administer medications leave the facility for an extended time, the proper amount of medications, placed into a prescription vial or bottle, along with dosage, mode, date and time of administration, shall be given to a responsible person who will be in charge of the client during his/her absence from the facility and properly documented in the medication administration record. If there is no designated responsible party for the client, then the attending physician or other authorized healthcare provider shall be contacted for proper instructions.

1104. Pharmacy Services (I)

A. Any pharmacy within the facility shall be provided by or under the direction of a registered pharmacist in accordance with accepted professional principles and appropriate federal, state, and local laws and regulations.

B. Facilities which maintain stocks of legend drugs and biologicals for dispensing to clients shall obtain and maintain a valid, current pharmacy permit from the SC Board of Pharmacy.

C. Labeling of medications dispensed to clients shall be in compliance with local, state, and federal laws and regulations applicable to retail pharmacies.

1105. Medication Containers (I)

A. All medication containers shall be labeled. Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the pharmacy for re-labeling or disposal.

B. Medications for each client shall be kept in the original container(s) including unit dose or blister pack systems; there shall be no transferring between containers or opening blister packs to remove medications for destruction or adding new medications for administration. In addition, for those facilities that utilize the blister pack system, an on-site review of the medication program by a pharmacist shall be required to assure the program has been properly implemented and maintained.

C. Medications for clients shall be obtained from a permitted pharmacy or prescriber on an individual prescription basis. These medications shall bear a label affixed to the container which reflects at least the following: name of pharmacy, name of client, name of the prescribing physician or dentist, date and prescription number, directions for use, and the name and dosage unit of the medication. The label shall be brought into accord with the directions of the

physician each time the prescription is refilled.

D. If a physician or other authorized healthcare provider changes the dosage of a medication, a label, which does not obscure the original label, shall be attached to the container which indicates the new dosage, date, and prescriber's name. In lieu of this procedure, it is acceptable to attach a label to the container that states, "see MAR and physician or other authorized healthcare provider orders for current administration instructions." The new directions shall be communicated to the pharmacist on reorder of the drug.

1106. Medication Storage (I)

A. Medications shall be properly stored and safeguarded to prevent access by unauthorized persons. Expired or discontinued medications shall not be stored with current medications. Storage areas shall be locked, and of sufficient size for clean and orderly storage. Storage areas shall not be located near sources of heat, humidity, or other hazards that may negatively impact medication effectiveness or shelf life. Refrigerators used for storage of medications shall maintain an appropriate temperature as identified on the manufacturer's label and as established by the US Pharmacopeia (36-46 degrees Fahrenheit), and as evidenced by a thermometer placed inside. Medications requiring refrigeration shall be stored in a refrigerator at the temperature recommended by the manufacturer of the medication. Medications may be stored in a separate locked box within a multi-use refrigerator at or near the medication storage area.

B. Controlled substances and ethyl alcohol, shall be stored in accordance with applicable state and federal laws. A record of the stock and distribution of all controlled substances shall be maintained in such a manner that the disposition of any particular item may be readily traced.

C. Medications shall be stored:

1. Separately from poisonous substances or body fluids;
2. In a manner which provides for separation between topical and oral medications, and which provides for separation of each individual client's medication.

D. Unless the facility has a permitted pharmacy, stocks of legend medications shall not be stored except those specifically prescribed for individual clients. Nonlegend medications may be retained and labeled as stock in the facility for administration as ordered by a physician or other authorized healthcare provider.

E. No medication may be left in a client's room unless the facility provides an individual cabinet/compartments that is kept locked in the room of each client who has been authorized to self-administer in writing by a physician, or other authorized healthcare provider. In lieu of a locked cabinet or compartment, a room that can be locked and is licensed for a capacity of one client is acceptable provided the medications are not accessible by unauthorized persons, the room is kept locked when the client is not in the room, the medications are not controlled substances, and all other requirements of this section are met.

F. The medications prescribed for a client shall be protected from use by other clients, visitors and staff/volunteers. For those clients who have been authorized by a physician or other authorized healthcare provider to self-administer medications, such medications may be kept on the client's person, i.e., a pocketbook, pocket, or any other method that would enable the client to control the items.

G. During nighttime hours in semi-private rooms, only medications that a physician or other authorized healthcare provider has ordered in writing for emergency/immediate use, e.g., nitroglycerin or inhalers, may be kept unlocked in or upon a cabinet or bedside table, and only when the client to whom that medication belongs is present in the client room.

1107. Disposition of Medications (I)

A. Medications shall be released to the client upon discharge, unless specifically prohibited by the ordering physician or authorized healthcare provider.

B. Clients' medications shall be destroyed by the facility administrator or his/her designee or returned to the dispensing pharmacy when:

1. Medication has deteriorated or exceeded its safe shelf-life and;
2. Unused portions remain due to death, discharge, or discontinuance of the medication. Medications that have been discontinued by order may be stored for a period not to exceed 30 days provided they are stored separately from current medications.

C. The destruction of medication shall occur within five days of the above-mentioned circumstances, be witnessed by the administrator or his/her designee, and the mode of destruction indicated.

D. The destruction of controlled medications shall be accomplished only by the administrator or his/her designee on-site and witnessed by a licensed nurse or pharmacist, or by returning them to the dispensing pharmacy and obtaining a receipt from the pharmacy.

SECTION 1200 - MEAL SERVICE

1201. General (II)

A. All facilities that prepare food on-site shall be approved by DHL, and shall be regulated, inspected, and graded pursuant to R.61-25. Facilities preparing food on-site, licensed for 16 beds or more subsequent to the promulgation of these regulations shall have commercial kitchens. Existing facilities with 16 licensed beds or more may continue to operate with equipment currently in use; however, only commercial kitchen equipment shall be used when replacements are necessary. Those facilities with 15 beds or less shall be regulated pursuant to R.61-25 with certain exceptions in regard to equipment (may utilize domestic kitchen equipment).

B. When meals are catered to a facility, such meals shall be obtained from a food service establishment permitted by the Department, pursuant to R.61-25 and there shall be a written

executed contract with the food service establishment.

C. If food is prepared at a central kitchen and delivered to separate facilities or separate buildings and/or floors of the same facility, provisions shall be made and approved by the DHL for proper maintenance of food temperatures and a sanitary mode of transportation.

D. Food shall be prepared by methods that conserve the nutritive value, flavor and appearance. The food shall be palatable, properly prepared, and sufficient in quantity and quality to meet the daily nutritional needs of the clients in accordance with written dietary policies and procedures. Efforts shall be made to accommodate the religious, cultural, and ethnic preferences of each individual client and consider variations of eating habits, unless the orders of a physician or other authorized healthcare provider contraindicate.

1202. Food and Food Storage (II)

A. The storage, preparation, serving, transportation of food, and the sources from which food is obtained shall be in accordance with R.61-25. (I)

B. The use of home canned foods is prohibited. (I)

C. All food items shall be stored at a minimum of six inches above the floor on clean surfaces, and in such a manner as to be protected from splash and other contamination.

D. At least a one-week supply of staple foods and a two-day supply of perishable foods shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu and special or therapeutic diets.

E. Food stored in the refrigerator/freezer shall be covered, labeled, and dated. Prepared food shall not be stored in the refrigerator for more than 72 hours.

1203. Food Equipment and Utensils (II)

The equipment and utensils utilized, and the cleaning, sanitizing, and storage of such shall be in accordance with R.61-25.

EXCEPTION: In facilities with five licensed beds or less, in lieu of a three-compartment sink, a domestic dishwasher may be used to wash equipment/utensils provided the facility has at least a two-compartment sink that will be used to sanitize and adequately air dry equipment/utensils. In facilities with 10 beds or less and licensed prior to May 24, 1991, as a community residential care facility, in which a two-compartment sink serves to wash kitchen equipment/utensils, an additional container of adequate length, width, and depth may be provided to completely immerse all equipment/utensils for final sanitation. Domestic dishwashers may be utilized in facilities licensed with 10 beds or less prior to May 24, 1991, provided they are approved by DHL.

1204. Meals and Services

A. All facilities shall provide dietary services to meet the daily nutritional needs of the clients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the

National Research Council, National Academy of Sciences. (I)

B. The dining area shall provide a congenial and relaxed environment. Table service shall be planned in an attractive and colorful manner for each meal and shall include full place settings with napkins, tablecloths or place-mats, forks, spoons, knives, drink containers, plates, and other eating utensils/containers as needed.

C. A minimum of three nutritionally-adequate meals, in accordance with Section 1204.A above, in each 24-hour period, shall be provided for each client unless otherwise directed by the client's physician or other authorized healthcare provider. Not more than 14 hours shall elapse between the serving of the evening meal and breakfast the following day. (II)

D. Special attention shall be given to preparation and prompt serving in order to maintain correct food temperatures for serving at the table or client room (tray service). (II)

E. The same foods shall not be repetitively served during each seven-day period except to honor specific, individual client requests.

F. Specific times for serving meals shall be established and followed.

G. Suitable food and snacks shall be available and offered between meals at no additional cost to the clients. (II)

1205. Meal Service Workers (II)

A. The health, disease control and cleanliness of all those engaged in food preparation and serving shall be in accordance with R.61-25.

B. Dietary services shall be organized with established lines of accountability and clearly defined job assignments for those engaged in food preparation and serving. There shall be trained staff/volunteers to supervise the preparation and serving of the proper diet to the clients including having sufficient knowledge of food values in order to make appropriate substitutions when necessary. Clients may engage in food preparation in accordance with facility guidelines; however, trained staff/volunteers shall supervise.

C. Sufficient staff/volunteers shall be available to serve food and to provide individual attention and assistance, as needed.

D. Approved hair restraints (covering all loose hair) shall be worn by all individuals engaged in the preparation and service of foods.

1206. Diets (II)

A. If the facility accepts or retains clients in need of medically-prescribed special diets, the menus for such diets shall be planned by a professionally-qualified dietitian or shall be reviewed and approved by a physician or other authorized healthcare provider. The facility shall provide supervision of the preparation and serving of any special diet, e.g., low-sodium, low-fat, 1200-calorie, diabetic diet. (I)

B. If special diets are required, the necessary equipment for those diets shall be available and utilized.

C. A diet manual published within the previous five years shall be available and shall address at minimum:

1. Food sources and food quality;
2. Food protection storage, preparation and service;
3. Food worker health and cleanliness;
4. Recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences;
5. General menu planning;
6. Menu planning appropriate to special needs, e.g., diabetic, low-salt, low-cholesterol.

1207. Menus

A. Menus shall be planned and written at a minimum of one week in advance and dated as served. The current week's menu, including routine and special diets and any substitutions or changes made, shall be readily available or posted in one or more conspicuous places in a public area. All substitutions made on the master menu shall be recorded in writing.

B. Records of menus as served shall be maintained for at least 30 days.

1208. Ice and Drinking Water (II)

A. Ice from a water system that is in accordance with R.61-58, shall be available and precautions taken to prevent contamination. The ice scoop shall be stored in a sanitary manner outside of the ice container.

B. Potable drinking water shall be available and accessible in adequate amounts at all times.

C. The usage of common cups shall be prohibited.

D. Ice delivered to client areas in bulk shall be in nonporous, easily cleaned, covered containers.

1209. Equipment (II)

A. Liquid or powder soap dispensers and sanitary towels shall be available at each food service handwash lavatory.

B. In facilities of 16 or more licensed beds, separate handwash sinks shall be provided convenient to serving, food preparation, and dishwashing areas.

C. All walk-in refrigerators and freezers shall be equipped with opening devices which will permit opening of the door from the inside at all times. (I)

1210. Refuse Storage and Disposal (II)

Refuse storage and disposal shall be in accordance with R.61-25.

SECTION 1300 - MAINTENANCE

1301. General (II)

A. The structure, including its component parts and equipment, shall be properly maintained to perform the functions for which it is designed.

B. Noise, dust, and other related client intrusions shall be minimized when construction/renovation activities are underway.

C. If applicable, a procedure shall be developed for calibrating medication-dispensing instruments consistent with manufacturer's recommendations to ensure accurate dosing and tracking.

SECTION 1400 - INFECTION CONTROL AND ENVIRONMENT

1401. Staff Practices (I)

Staff practices shall promote conditions that prevent the spread of infectious, contagious, or communicable diseases and provide for the proper disposal of toxic and hazardous substances. These preventive measures/practices shall be in compliance with applicable guidelines of the Bloodborne Pathogens Standard of the Occupational Safety and Health Act (OSHA) of 1970; the Centers for Disease Control and Prevention (CDC); the Department's Guidelines For Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings, and R.61-105; and other applicable federal, state, and local laws and regulations.

1402. Tuberculin Skin Testing (I)

A. Tuberculin skin testing, utilizing a two-step intradermal (Mantoux) method of five tuberculin units of stabilized purified protein derivative (PPD), is a procedure recommended by the CDC Guidelines for Preventing Transmission of Mycobacterium Tuberculosis in Healthcare Facilities to establish baseline status. The two-step procedure involves one initial tuberculin skin test with a negative result, followed 7-21 days later by a second test. It is permissible for a licensed nurse to perform the tuberculin screening.

B. Testing Procedures.

1. Staff/volunteers of all facilities and clients of 24-hour facilities shall be required to have evidence of a two-step tuberculin skin test. If there is a documented negative tuberculin skin test (at least single-step) within the previous 12 months, the person shall be required to have only one tuberculin skin test to establish a baseline status.

2. Individuals with negative test results from the initial two-step procedure shall be required to have an annual one-step skin test.

3. Staff/volunteers of all facilities shall have the completed two-step tuberculin skin test prior to client contact.

4. Clients of 24-hour facilities shall have at least the first step within the period for completion of the physical examination as specified in Section 1001.

5. Narcotic treatment program clients shall have a single-step test as specified in Section 3208.

C. Positive Reactions/Exposure.

1. Individuals with tuberculin skin test reactions of 10mm or more of induration and known human immunodeficiency virus (HIV)-positive individuals with tuberculin skin test reactions of 5mm or more of induration shall be referred to a physician or other authorized healthcare provider for appropriate evaluation. In all facilities, staff/volunteers with the above reactions shall not be allowed to have direct contact with clients. Clients of 24-hour facilities with the above reactions shall be isolated and/or treated/referred as necessary until certified as non-contagious by a physician or other authorized healthcare provider. Clients of NTP facilities with the above reactions shall be referred to the local county health department or the DHEC TB Control Division for consultation.

2. All persons who are known or suspected to have tuberculosis (TB) shall be evaluated by a physician or other authorized healthcare provider.

3. Staff/volunteers will not be allowed to return to work until they have been declared non-contagious.

4. Individuals who have had a prior history of TB shall be required to have a chest radiograph and certification within one month prior to employment/admission by a physician or other authorized healthcare provider that they are not contagious.

5. If an individual who was previously documented as skin test negative has an exposure to a documented case of TB, the facility shall immediately contact the local county health department or the DHEC TB Control Division for consultation.

D. Treatment.

1. Preventive treatment of persons who are new positive reactors is recommended unless specifically contraindicated.

2. Individuals who complete treatment either for disease or infection, are exempt from further treatment unless they develop symptoms of TB. An individual who remains asymptomatic shall not be required to have a chest radiograph, but shall have an annual documented assessment by a physician or other authorized healthcare provider for symptoms suggestive of TB, e.g., cough, weight loss, night sweats, fever, etc.

1403. Housekeeping (II)

The facility and its grounds shall be neat, clean, and free of safety impediments, vermin, and offensive odors.

A. Interior housekeeping shall at a minimum include:

1. Cleaning each specific area of the facility;
2. Cleaning and disinfection, as needed, of equipment used and/or maintained in each area, appropriate to the area and the equipment's purpose or use.
3. Safe storage of harmful chemicals (as indicated on the product label), cleaning materials and supplies in well-lighted closets/rooms, inaccessible to clients. In 24-hour facilities only, when all clients have been authorized permission by a physician, authorized healthcare provider, or certified/licensed counselor to handle cleaning products, and housekeeping chores are part of the therapeutic program, cleaning agents may then be stored in an unsecured fashion.

B. Exterior housekeeping shall at a minimum include:

1. General cleaning of all exterior areas, e.g., porches and ramps, and removal of safety impediments such as water, snow, and ice;
2. Keeping facility grounds free of weeds, rubbish, overgrown landscaping, and other potential breeding sources for vermin;

1404. Infectious Waste (I)

Accumulated waste, including all contaminated sharps, dressings, pathological, and/or similar infectious waste, shall be disposed of in a manner compliant with the Department's SC Guidelines For Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings, R.61-105, and OSHA Bloodborne Pathogens Standard.

1405. Pets (II)

A. Healthy animals that are free of fleas, ticks, and intestinal parasites, and have been examined by a veterinarian prior to entering the facility, have received required inoculations, if applicable, and that present no apparent threat to the health, safety, and well-being of the clients, shall be permitted in the facility, provided they are sufficiently fed, and cared for, and that the pets and their housing/food containers are kept clean.

B. Pets shall not be allowed near clients who have allergic sensitivities to pets, or for other reasons such as clients who do not wish to have pets near them.

C. Pets shall not be allowed in the kitchen area. Pets will be permitted in client dining/activities areas only during times when food is not being served. If the dining/activities area is adjacent to a food preparation or storage area, those areas shall be effectively separated by walls and closed doors while pets are present.

1406. Clean/Soiled Linen and Clothing (II)

A. Clean Linen/Clothing. A supply of clean, sanitary linen/clothing shall be available at all times. Clean linen/clothing shall be stored and transported in an enclosed/covered sanitary manner. Linen/Clothing storage rooms shall be used only for the storage of linen/clothing. Clean linen/clothing shall be separated from storage of other purposes. Enclosing/Covering may be accomplished by utilizing materials such as cloth, plastic, or canvas cover, in order to prevent the contamination of clean linen/clothing by dust or other airborne particles or organisms.

B. Soiled Linen/Clothing.

1. Soiled linen/clothing shall neither be sorted nor rinsed outside of the laundry service area.

2. Provisions shall be made for collecting, transporting, and storing soiled linen/clothing.

3. Soiled linen/clothing shall be kept in enclosed/covered containers.

4. Laundry operations shall not be conducted in client rooms, dining rooms, or in locations where food is prepared, served, or stored. Freezers/refrigerators may be stored in laundry areas, provided sanitary conditions are maintained.

SECTION 1500 - EMERGENCY PROCEDURES/DISASTER PREPAREDNESS

1501. General (II)

With the exception of outpatient facilities and NTP's, at the time of admission, a plan for routine and emergency medical care shall be written into the client record. This shall include the name of physician or other authorized healthcare provider, and provisions for emergency medical care, to include plan for obtaining medications. In social detoxification facilities, there shall be a transfer agreement with local providers for emergency medical and psychiatric services as needed.

1502. Disaster Preparedness (II)

A. All facilities shall develop a suitable written plan for actions to be taken in the event of a disaster. All 24-hour facilities shall develop this plan in coordination with their county emergency preparedness agency. Prior to initial licensing of a facility by the Department, the completed plan shall be submitted to DHL for review. Additionally, in instances when there are applications for increases in licensed bed capacity, the emergency/disaster plan shall be updated appropriately to reflect the proposed new total bed capacity. All staff/volunteers shall be made familiar with this plan and instructed as to any required actions.

B. The disaster plan for 24-hour facilities shall include, but not be limited to:

1. A sheltering plan to include:

- a. The licensed bed capacity and average occupancy rate;
- b. Name, address and phone number of the sheltering facility(ies) to which the clients will be relocated during a disaster;
- c. A letter of agreement signed by an authorized representative of each sheltering facility which shall include: the number of relocated clients that can be accommodated; sleeping, feeding, and medication plans for the relocated clients; and provisions for accommodating relocated staff. The letter shall be updated annually with the sheltering facility and whenever significant changes occur. For those facilities located in Beaufort, Berkeley, Charleston, Colleton, Dorchester, Horry, Jasper, and Georgetown counties, at least one sheltering facility must be located in a county other than these counties.

2. A transportation plan to include agreements with entities for relocating clients which addresses:

- a. The number and type of vehicles required;
 - b. How and when the vehicles are to be obtained;
 - c. Who (by name or organization) will provide drivers;
 - d. Procedures for providing appropriate medical support during relocation;
 - e. The estimated time to accomplish the relocation;
 - f. The primary and secondary routes to be taken to the sheltering facility.
3. A staffing plan for the relocated clients to include:
- a. How care will be provided to the relocated clients including the number and type of staff;
 - b. Plans for relocating staff or assuring transportation to the sheltering facility;
 - c. Co-signed statement by an authorized representative of the sheltering facility if staffing will be provided by the sheltering facility.

C. A plan for the evacuation of clients, staff and visitors, in case of fire or other emergency, shall be posted in conspicuous public areas throughout the facility and a copy of the plan shall be provided to each client upon admission.

1503. Emergency Call Numbers (II)

Emergency call data shall be posted in a conspicuous place and shall include at least the telephone numbers of fire and police departments, an ambulance service, and the poison control center. Other emergency call information shall be available, to include the names, addresses, and telephone numbers of the staff to be notified in case of emergency, and the physician or other authorized healthcare provider on-call.

1504. Continuity of Essential Services (II)

There shall be a plan to be implemented to assure the continuation of essential client supportive services for such reasons as power outage, water shortage, or in the event of the absence from work of any portion of the work force resulting from inclement weather or other causes.

SECTION 1600 - FIRE PREVENTION

1601. Arrangements for Fire Department Response (I)

A. Each facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency, suitable written plans for actions to be taken in the event of fire.

B. Facilities located outside of a service area or range of a public fire department shall arrange for the nearest fire department to respond in case of fire by written agreement with that fire department. A copy of the agreement shall be kept on file in the facility and a copy shall be forwarded to DHL. If the agreement is changed, a copy shall be forwarded to DHL.

1602. Tests and Inspections (I)

A. Fire protection and suppression systems shall be maintained and tested in accordance with NFPA 10, 13, 14, 15, 25, 70, 72, and 96.

B. All electrical installations and equipment shall be maintained in a safe, operable condition in accordance with NFPA 70 and 99 and shall be inspected at least annually.

1603. Fire Response Training (I)

Each staff member/volunteer shall receive training within one week of hiring, and at a frequency determined by the facility, but at least annually thereafter, addressing at a minimum, the following:

- A. Fire plan to include evacuation routes and procedures, and the training of staff;
- B. Reporting a fire;
- C. Use of the fire alarm system, if applicable;
- D. Location and use of fire-fighting equipment;
- E. Methods of fire containment;
- F. Specific responsibilities, tasks, or duties of each individual.

1604. Fire Drills (I)

- A. Clients shall be made familiar with the fire plan and evacuation plan.

B. An unannounced fire drill shall be conducted at least quarterly for all shifts. Each staff member/volunteer shall participate in a fire drill at least once each year. Records of drills shall be maintained at the facility, indicating the date, time, shift, description, and evaluation of the drill, and the names of staff/volunteers and clients directly involved in responding to the drill.

C. All clients at the time of the fire drill shall participate in the drill. In instances when a client refuses to participate in a drill, efforts shall be made to encourage participation, e.g., counseling, implementation of incentives rewarding clients for participation, specific staff/volunteer to client assignments to promote client participation. Continued refusal may necessitate implementation of the discharge planning process to place the client in a setting more appropriate to their needs and abilities.

D. Drills shall be designed and conducted in consideration of and reflecting the content of the fire response training described in Section 1603 above.

E. Individuals participating in drills shall evacuate to the outside of the building.

SECTION 1700 - QUALITY IMPROVEMENT PROGRAM

1701. General (II)

A. There shall be a written, implemented quality improvement program that provides effective self-assessment and implementation of changes designed to improve the treatment/care/services provided by the facility.

B. The quality improvement program, as a minimum, shall:

1. Establish desired outcomes and the criteria by which policy and procedure effectiveness is regularly, systematically, and objectively accomplished;

2. Identify, evaluate, and determine the causes of any deviation from the desired outcomes;

3. Identify the action taken to correct deviations and prevent future deviation, and the person(s) responsible for implementation of these actions;

4. Establish ways to measure the quality of client care and staff performance as well as the degree to which the policies and procedures are followed;

5. Analyze the appropriateness of ITP's and the necessity of treatment/care/ services rendered;

6. Analyze the effectiveness of the fire plan;

7. Analyze all incidents and accidents to include client deaths;

8. Analyze any infection, epidemic outbreaks, or other unusual occurrences which threaten the health, safety, or well-being of the clients;

9. Establish a systematic method of obtaining feedback from clients and other interested persons, e.g., family members and peer organizations, as expressed by the level of satisfaction with treatment/care/services received.

SECTION 1800 - DESIGN AND CONSTRUCTION

1801. General (II)

A. A facility shall be planned, designed and equipped to provide and promote the health, safety, and well-being of each client. Facility design shall be such that all clients have access to required services. There shall be 200 gross square feet per licensed bed in facilities 10 beds or less, and an additional 100 gross square feet per licensed bed for each licensed bed over 10.

B. Outpatient and NTP facilities shall meet the requirements of the SBC for Business Occupancy. Those sections of this regulation that specifically apply to a building for housing clients for more than 24 hours do not apply for outpatient and NTP facilities.

C. Twenty-four hour facilities licensed for five beds or less shall be classified as Residential Occupancy and shall follow the requirements of the SBC for Residential Occupancy.

D. Twenty-four hour facilities licensed for six beds or more shall follow the requirements of the SBC for Residential R-4 Occupancy and the requirements for dormitories.

E. Twenty-four hour facilities housing six or more clients who are incapable of self-preservation shall meet the requirements of the SBC for Institutional Occupancy.

1802. Local and State Codes and Standards (II)

A. Buildings shall comply with pertinent local and state laws, codes, ordinances and standards with reference to design and construction. No facility shall be licensed unless the Department has assurance that responsible local officials (zoning and building) have approved the facility for code compliance.

B. The Department utilizes as its basic codes, those indicated in Section 102.B.

C. Buildings designed in accordance with the above-mentioned codes will be acceptable to the Department provided the requirements set forth in this regulation are also met.

1803. Construction/Systems (II)

A. All buildings, new and existing, being licensed for the first time, or changing their license to provide a different service, shall meet the current codes and regulations.

B. Unless specifically required otherwise in writing by the Department's Division of Health Facilities Construction (DHFC), all existing facilities licensed by the Department shall meet the construction codes and regulations for the building and its essential equipment and systems

in effect at the time the license was issued. Except for proposed facilities that have received a current and valid written approval to begin construction, current construction codes, regulations, and requirements shall apply to those facilities licensed after the date of promulgation of these regulations.

C. Any additions or renovations to an existing licensed facility shall meet the codes, regulations, and requirements for the building and its essential equipment and systems in effect at the time of the addition or renovation. When the cost of additions or renovations to the building exceeds 50% of the then market value of the existing building and its essential equipment and systems, the building shall meet the then current codes, regulations, and requirements.

D. Buildings under construction at the time of the promulgation of these regulations shall meet the codes, regulations, and requirements in effect at the time of the plans approval.

E. Any facility that closes or has its license revoked and for which application for re-licensure is made at the same site shall be considered a new building and shall meet the current codes, regulations, and requirements for the building and its essential equipment and systems in effect at the time of application for re-licensing.

1804. Submission of Plans and Specifications (II)

A. New Buildings, Additions or Major Alterations to Existing Buildings.

1. In all new construction or existing structures proposed to be licensed by the Department, plans and specifications shall be submitted to DHFC for review and approval.

2. Where the SBC or other regulations require fire-rated walls or other fire-rated structural elements, these plans and specifications shall be prepared by an architect and shall bear his/her seal. Plans for a facility with five beds or less shall be drawn to scale, but preparation by an architect is not required.

3. Construction of, or within buildings of 5000 square feet or more, or three stories or more in height, and involving construction of fire-rated assemblies shall, in addition to Section 1804.A.2 above, provide the Minimum Construction Administration Services, as defined in Section (B)(5), Regulation 11-12, Code of Professional Ethics, published by The Board of Architectural Examiners, SC Department of Labor, Licensing, and Regulation.

4. When construction is contemplated for additions or alterations to existing licensed buildings, the facility shall contact DHFC regarding code and regulatory requirements that apply to that project. Plans and specifications shall be submitted to DHFC for review.

5. All plans shall be drawn to scale with the title, location, and date shown thereon.

6. Construction work shall not begin until approval of the final drawings or written permission has been received from DHFC. Any construction deviations from the approved documents shall be approved by that division.

B. Plans and specifications are reviewed as necessary to obtain a set of approvable

drawings showing all necessary information. These reviews may be, but are not required to be, in three stages: Preliminary, Design Development, and Final.

1. Preliminary submission shall include the following:

a. Plot plan showing:

- (1) Size and shape of entire site;
- (2) Footprint showing orientation and location of proposed building;
- (3) Location and description of any existing structures, adjacent streets, highways, sidewalks, railroads, etc., properly designated;
- (4) Size, characteristics and location of all existing public utilities, including information concerning water supply available for fire protection, distance to nearest fire hydrant; parking; any hazardous areas, e.g., cliffs, roads, hills, pools, etc.

b. Floor plans showing blocked spaces (areas) of approximate size and shape and their relationship to other spaces.

2. Design Development drawings shall indicate the following in addition to the above:

a. Cover sheet:

- (1) Title and location of the project;
- (2) Index of drawings;
- (3) Code analysis listing applicable codes (both local jurisdiction and state);
- (4) Occupancy classification per SBC;
- (5) Type of construction per SBC.

b. Floor plans:

- (1) Overall dimensions of buildings;
- (2) Locations, size and purpose of all rooms including furniture layout plan;
- (3) Location and size of doors, windows and other openings with swing of doors properly indicated;
- (4) Life Safety plan showing all fire walls, exits, exit calculations, locations of smoke barriers if required, fire rated walls, locations of stairs, elevators, dumbwaiters, vertical shafts and chimneys;
- (5) Fixed equipment.

c. Outline specifications that include a general description of construction including interior finishes and mechanical systems.

3. Final submission shall include the above in addition to complete working drawings and contract specifications, including layouts for site preparation and landscaping, architectural, plumbing, electrical, mechanical, and complete fire protection.

4. Requirements for Facilities That Prepare Meals.

a. For facilities of six beds or more, food service operations shall be separated from living and sleeping quarters by complete ceiling high walls and solid, self-closing doors. (II)

b. Kitchen ventilation specifications shall be in compliance with Section 2501.

c. For commercial kitchens (meals prepared for 16 or more persons), construction shall be in compliance with Chapter VII (A - G) of R.61-25, and a separate floor plan shall be provided depicting:

(1) Location of all equipment;

(2) Make and model number of all equipment (including a thermometer schedule).
All equipment used for the preparation and storage of food shall be approved by the NSF.

(3) Garbage can wash pad on exterior with hot and cold running water;

(4) Grease interceptor;

(5) Floor drains

(6) Separate hand washing sinks;

(7) Toilet and locker facilities for kitchen staff;

(8) Exhaust hood and duct system to the outside;

(9) Hood extinguishing system.

d. Plan submission for domestic kitchens (meals prepared for 15 or less persons) shall include:

(1) Location and identification of all equipment;

(2) An approved three-compartment sink in addition to a hand washing sink (facilities licensed for five beds or less may have a two-compartment sink and a dishwasher);

(3) An exhaust hood and fan of proper size installed over all cooking equipment and vented to the outside. Facilities with 13 or more clients shall have a hood extinguisher system.

5. If construction is delayed for a period exceeding 12 months from the time of approval of final submission, a new evaluation and/or approval is required.

6. One complete set of as-built drawings shall be filed with DHFC.

SECTION 1900 - GENERAL CONSTRUCTION REQUIREMENTS

1901. Height and Area Limitations (II)

Construction shall not exceed the allowable heights and areas provided by the SBC.

1902. Fire-Resistive Rating (I)

The fire-resistive ratings for the various structural components shall comply with the SBC. Fire-resistive ratings of various materials and assemblies not specifically listed in the SBC can be found in publications of recognized testing agencies such as Underwriters Laboratories - Building Materials List and Underwriters Laboratories - Fire Resistance Directory.

1903. Vertical Openings (I)

All vertical openings shall be protected in accordance with applicable sections of the SBC, State Fire Marshal Regulations, and NFPA 101.

1904. Wall and Partition Openings (I)

All wall and partition openings shall be protected in accordance with applicable sections of the SBC and NFPA 101.

1905. Ceiling Openings (I)

Openings into attic areas or other concealed spaces shall be protected by material consistent with the fire rating of the assembly penetrated.

1906. Fire Walls (I)

A. A building is defined by the outside walls and any interior four-hour fire walls and shall not exceed the height and area limitations set forth in the SBC for the type of construction.

B. An addition shall be separated from an existing building by a two-hour, fire-rated wall, unless the addition is of equal fire-resistive rating.

C. When an addition is to be constructed of a different type of construction from the existing building, the type of construction and resulting maximum area and height limitations allowed by the building code will be determined by the lesser of the types of construction of the building.

D. If the addition is separated by a four-hour fire wall, the addition is considered as a separate building, and the type of construction of the addition will determine the maximum area

and height limitations.

1907. Floor Finishes (II)

A. Floor coverings and finishes shall meet the requirements of the SBC.

B. All floor coverings and finishes will be appropriate for use in each area of the facility and free of hazards, e.g., slippery surfaces. Floor finishes shall be of materials that permit frequent cleaning, and when appropriate, disinfection.

1908. Wall Finishes (I)

A. Wall finishes shall meet the requirements of the SBC.

B. Manufacturers= certifications or documentation of treatment for flame spread and other safety criteria shall be furnished and maintained.

1909. Curtains and Draperies

In bathrooms and client rooms, window treatments shall provide privacy.

SECTION 2000 - HAZARDOUS ELEMENTS OF CONSTRUCTION

2001. Furnaces and Boilers (I)

Furnaces and boilers shall be maintained in accordance with the applicable provisions of NFPA 31, 70, 85C, and 86.

2002. Dampers (I)

Smoke and fire dampers shall be installed on all heating, ventilating, and air conditioning systems as required by NFPA 90A and the SBC.

SECTION 2100 - FIRE PROTECTION EQUIPMENT AND SYSTEMS

2101. Firefighting Equipment (I)

A. Fire extinguishers shall be sized, located, installed and maintained in accordance with NFPA No. 10, except that portable fire extinguishers intended for use in client sleeping areas shall be of the 2-A: 2-1/2 gallon, stored pressure, water type.

B. At least one 4-A:20-BC type fire extinguisher shall be installed in the following hazardous areas:

1. Laundry;
2. Furnace room;

3. Any other area having a high-risk fire hazard.

C. At least one 2-A:10-BC type fire extinguisher shall be located within 25 feet of exits and no more than 75 feet travel distance.

D. The kitchen shall be equipped with a minimum of one K-type and one 20-BC extinguisher.

2102. Automatic Sprinkler System (I)

A. An automatic sprinkler system shall be required for all facilities with six or more licensed beds in accordance with the requirements of the SBC under Residential R-4 Occupancy.

B. The sprinkler system shall meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems, or when permitted, NFPA 13R, Installation of Sprinkler Systems in Residential Occupancies Up to and Including Four Stories in Height.

C. All sprinkler systems, wet and dry, shall have remote inspection/test ports.

D. Facilities that house four or more clients who may require physical assistance to exit the building shall be fully sprinklered in accordance with NFPA 13.

E. Facilities with a soiled linen storage room over 100 square feet in size shall have an approved automatic sprinkler system unless contained in a separate building.

2103. Fire Alarms (I)

A. When a fire alarm system is required, it shall be provided in accordance with provisions of NFPA 72, National Fire Alarm Code, the SBC, and the State Fire Marshal Regulations.

B. The system shall be arranged to transmit an alarm automatically to the fire department by an approved method.

C. The alarm system shall notify by audible and visual alarm all areas and floors of the building.

D. The alarm system shall cause the central recirculating ventilation fans that serve the area(s) of alarm origination to cease operation and to shut the associated smoke dampers.

E. The fire alarm pull-station shall be placed in an area in accordance with NFPA 72.

F. All fire, smoke, heat, sprinkler-flow, fire-sensing detectors, manual pull-stations, hold-open devices on fire-rated doors, alarming devices, or other fire-related systems, shall be connected to and monitored by the main fire alarm system, and trigger the system when any of these devices are activated.

G. The fire alarm system shall have the main fire alarm panel located at a readily accessible location. An audible/visual trouble indicator shall be located where it can be observed by staff/volunteers.

H. The fire alarm system shall be tested initially by an individual licensed to install fire alarms, and at least annually thereafter.

I. When a fire alarm system is required and smoke detectors are placed in client sleeping rooms, there shall be an indicator light in the hall outside the door of the room to indicate when that smoke detector is in alarm.

EXCEPTION: When the fire alarm system is fully addressable and there are sufficient annunciator panel(s) such that travel distance in any hall to an annunciator panel does not exceed 50 feet, and the annunciator panel will indicate the activated smoke detector by location, the light over the door in the hall is not required.

2104. Smoke Detectors (I)

Smoke detectors shall be installed in accordance with NFPA 72, State Fire Marshal Regulations, and the SBC.

2105. Flammable Liquids (I)

The storage and handling of flammable liquids shall be in accordance with NFPA 30 and 99.

2106. Gases (I)

A. Gases, i.e., flammable and nonflammable shall be handled and stored in accordance with the provisions of NFPA 99 and 101.

B. Safety precautions shall be taken against fire and other hazards when oxygen is dispensed, administered, or stored. "No Smoking" signs shall be posted conspicuously, and cylinders shall be properly secured in place.

2107. Furnishings/Equipment (I)

A. The physical plant shall be maintained free of fire hazards or impediments to fire prevention.

B. No portable electric or unvented fuel heaters shall be permitted.

C. Fireplaces and fossil-fuel stoves, e.g., wood-burning, shall have partitions or screens or other means to prevent burns. Fireplaces shall be vented to the outside. "Unvented" type gas logs are not allowed. Gas fireplaces shall have a remote gas shutoff within the room and not inside the fireplace.

D. Wastebaskets, window dressings, portable partitions, cubicle curtains, mattresses, and pillows shall be noncombustible, inherently flame-resistant, or treated or maintained flame-resistant in accordance with NFPA 701, Standard Methods of Fire Tests for Flame-Resistant Textiles and Films.

EXCEPTION: Window blinds require no flame treatments or documentation.

SECTION 2200 - EXITS

2201. Number and Locations (I)

A. Exits, corridors, doors, stairs, ramp, and smoke partitions shall be provided, installed, and maintained in accordance with the provisions of NFPA 101 and the SBC.

B. Rooms and/or suites greater than 1000 square feet shall have at least two exit access doors remote from each other.

C. If exit doors and cross-corridor doors are locked, the requirements in the SBC under Special Locking Arrangements shall be met.

D. Where it can be demonstrated that the provision of the required “irreversible opening upon a delay”, as described in the SBC, will create a security problem, an alternated method of locking cross corridor and exit doors may be used, provided the following requirements are met:

1. Unlocked exit doors will create a security problem as determined by the facility based upon the condition of clients in the facility;

2. The locking system complies with the requirements in the SBC for Special Locking Arrangements except the requirement for an irreversible opening upon delay;

3. The exit doors can be released electrically by the staff/volunteers by a switch(s) or button(s) located at a nearby control point that is not locked;

4. At each locked door, there shall be a key-operated switch that will unlock the door; a keypad may be used for unlocking the door, but this keypad shall not negate the requirement for a key-operated switch;

5. All staff/volunteers working in the area carry a readily identifiable (by sight and touch) key on their person;

6. Written approval has been granted by DHFC.

E. Fire alarm pull-stations may be locked if all staff/volunteers working in the area carry on their person a readily identifiable key (by sight and touch), and there is an unlocked pull-station centrally located in the facility.

F. Halls, corridors and all other means of egress from the building shall be maintained free of obstructions.

G. Those clients that may require physical or verbal assistance to exit the building shall not be located above or below the floor of exit discharge.

H. Each client room shall open directly to an approved exit access corridor without passage through another occupied space or shall have an approved exit directly to the outside at grade level and accessible to a public space free of encumbrances.

EXCEPTION: When two client rooms share a common “sitting” area that opens onto the exit access corridor.

SECTION 2300 - WATER SUPPLY/HYGIENE

2301. Design and Construction (II)

A. A water distribution system, provided by public or private source, shall be approved by the Department’s Bureau of Water before the facility can be constructed and/or placed into operation. (I)

B. Before the construction, expansion, or modification of a water distribution system, application shall be made to the Department for a Permit for Construction. The application shall include such engineering, chemical, physical, or bacteriological data as may be required by the Department and shall be accompanied by engineering plans, drawings, and specifications prepared by an engineer registered in SC and shall carry his/her official signature and seal.

C. In general, the design and construction of such systems shall be in accordance with standard engineering practices for such installations. The Department shall establish such rules, regulations, and/or procedures as may be necessary to protect the health of the public and to ensure proper operation and functioning of the system. The facility’s water system shall be in compliance with R.61-58 and other local, state, and federal laws and regulations.

D. Client and staff hand-washing lavatories and client showers/tubs shall be supplied with hot and cold water at all times.

E. Storage tanks shall be fabricated of corrosion-resistant metal or lined with noncorrosive material.

2302. Disinfection of Water Lines (I)

A. After construction, expansion, or modification, a water distribution system shall be disinfected in accordance with R.61-58.

B. Samples shall be taken from the water system and forwarded to an approved laboratory for bacteriological analysis in accordance with R.61-58. The water shall not be used as a potable supply until certified as satisfactory.

2303. Temperature Control (I)

A. Plumbing fixtures that require hot water and which are accessible to clients shall be supplied with water that is thermostatically controlled to a temperature of at least 100 degrees F. and not to exceed 120 degrees F. at the fixture.

B. The water heater or combination of heaters shall be sized to provide at least six gallons per hour per bed at the above temperature range. (II)

C. Hot water supplied to the kitchen equipment/utensil washing sink shall be supplied at 120 degrees F. provided all kitchen equipment/utensils are chemically sanitized. For those facilities sanitizing with hot water, the sanitizing compartment of the kitchen equipment/utensil washing sink shall be capable of maintaining the water at a temperature of at least 180 degrees F.

D. Hot water provided for washing linen/clothing shall not be less than 160 degrees F. Should chlorine additives or other chemicals which contribute to the margin of safety in disinfecting linen/clothing be a part of the washing cycle, the minimum hot water temperature shall not be less than 110 degrees F., provided hot air drying is used. (II)

2304. Stop Valves

Each plumbing fixture shall have stop valves to permit repairs without disrupting service to other fixtures. Each group of fixtures on a floor, each branch main, and each supply line shall be valved.

2305. Cross-connections (I)

There shall be no cross-connections in plumbing between safe and potentially unsafe water supplies, e.g., toilets, laundry fixtures, and fixtures of similar nature. Water shall be delivered at least two delivery pipe diameters above the rim or points of overflow to each fixture, equipment, or service unless protected against back-siphonage by approved vacuum breakers or other approved back-flow preventers. A faucet or fixture to which a hose may be attached shall have an approved vacuum breaker or other approved back-flow preventer.

2306. Design and Construction of Wastewater Systems (I)

A. A wastewater system, provided by a public or private source, shall be approved by the Department's Bureau of Water before the facility can be constructed and/or placed into operation.

B. Plans, specifications, reports and studies, for the construction, expansion or alteration of a wastewater system shall be prepared by an engineer registered in SC and shall carry his/her official signature and seal.

C. The design and construction of wastewater systems shall be in accordance with standard engineering practice and R.61-67.

D. The wastewater system for commercial kitchens shall be in accordance with R.61-25.

E. Liquid waste shall be disposed of in a wastewater system approved by the local authority, e.g., sewage treatment facility.

SECTION 2400 - ELECTRICAL

2401. General (I)

- A. Electrical installations shall be in accordance with NFPA 70 and 99.
- B. Wiring shall be inspected at least annually by a licensed electrician, registered engineer, or certified building inspector.
- C. All materials shall be listed as complying with available standards of Underwriters Laboratories, Inc. or other similarly established standards.
- D. New systems shall be tested to indicate that the equipment is installed and operates as planned or specified.

2402. Panelboards (II)

Panelboards shall be in accordance with NFPA 70. Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits served. This requirement does not apply to life safety system circuits. The directory shall be labeled to conform to the actual room designations. Clear access of stored materials, as per NFPA 70, shall be maintained to the panel. The panelboard directory shall be labeled to conform to the actual room numbers or designations.

2403. Lighting

- A. Spaces occupied by persons, machinery, equipment within buildings, approaches to buildings, and parking lots shall be lighted. (II)
- B. Adequate artificial light shall be provided to include sufficient illumination for reading, observation, and activities. There shall be a minimum of 35 foot-candles in areas used for reading, study, or close work. Lighting in work areas shall not be less than 30 foot-candles.
- C. Client rooms shall have general lighting that provides a minimum of 20 foot-candles in all parts of the room, and shall have at least one light fixture for night lighting. A reading light shall be provided for each client. The switches to the general and night lighting shall be located at the strike side of the entrance door in each client room and shall be of the quiet operating type.
- D. All food preparation areas, equipment and utensil washing areas, hand washing areas, toilet areas for kitchen staff/volunteers, walk-in refrigeration units, dry food storage areas, and dining areas during cleaning operation shall be lighted in accordance with R.61-25.
- E. Hallways, stairs, and other means of egress shall be lighted at all times in accordance with NFPA 101, i.e., at a minimum, an average of one foot-candle at floor level. (I)

2404. Receptacles (II)

- A. Client Room. Each client room shall have duplex grounding type receptacles located

per NFPA 70, to include one at the head of each bed.

B. Corridors. Duplex receptacles for general use shall be installed approximately 50 feet apart in all corridors and within 25 feet of the ends of corridors.

2405. Ground Fault Protection (I)

A. Ground fault circuit-interrupter protection shall be provided for all outside receptacles and bathrooms in accordance with the provisions of NFPA 70.

B. Ground fault circuit-interrupter protection shall be provided for any receptacles within six feet of a sink or any other wet location. If the sink is an integral part of the metal splashboard grounded by the sink, the entire metal area is considered part of the wet location.

2406. Exit Signs (I)

A. In facilities licensed for six or more beds, required exits and ways to access thereto shall be identified by electrically-illuminated exit signs bearing the words "Exit" in red letters six inches in height on a white background.

B. Changes in egress direction shall be marked with exit signs with directional arrows.

C. Exit signs in corridors shall be provided to indicate two directions of exit.

2407. Emergency Electric Service (I)

Emergency electric services shall be provided as follows:

- A. Exit lights, if required;
- B. Exit access corridor lighting;
- C. Illumination of means of egress;
- D. Fire detection and alarm system, if required.

SECTION 2500 - HEATING, VENTILATION, AND AIR CONDITIONING

2501. General (II)

A. Heating, ventilation, and air conditioning (HVAC) systems shall comply with NFPA 90A and all other applicable codes.

B. The HVAC system shall be inspected at least once a year by a certified/licensed technician.

C. The facility shall maintain a temperature of between 72 and 78 degrees F. in client areas.

D. No HVAC supply or return grill shall be installed within three feet of a smoke detector. (I)

E. HVAC grills shall not be installed in floors.

F. Intake air ducts shall be filtered and maintained to prevent the entrance of dust, dirt, and other contaminating materials. The system shall not discharge in such a manner that would be an irritant to the clients/staff/volunteers.

G. All kitchen areas shall be adequately ventilated so that all areas are kept free from excessive heat, steam, condensation, vapors, smoke, and fumes.

H. Each bath/restroom shall have either operable windows or have approved mechanical ventilation.

SECTION 2600 - PHYSICAL PLANT

2601. Facility Accommodations/Floor Area (II)

A. For 24-hour facilities, there shall be sufficient living arrangements for everyone residing therein providing for clients= quiet reading, study, relaxation, entertainment or recreation. This shall include bedrooms, bathrooms, living, dining, and recreational areas available for clients' use. Consideration shall be given to the preferences of the clients in determining appropriate homelike touches in the facility client rooms and activity/dining areas.

B. Minimum square footage requirements shall be as follows: (II)

1. Twenty square feet per licensed bed of living and recreational areas combined, excluding bedrooms, halls, kitchens, dining rooms, bathrooms, and rooms not available to the clients. In facilities for mothers with children, there shall be at least 20 square feet per licensed bed and 10 square feet per child of living and recreational areas together.

2. Fifteen square feet of floor space in the dining area per licensed bed. In facilities for mothers with children, dining space shall accommodate 15 square feet per licensed bed and 7.5 square feet per child.

C. All required care/treatment/services furnished at the facility shall be provided in a manner which does not require clients to ambulate from one site to another outside the building, nor which impedes clients from ambulating from one site to another due to the presence of physical barriers.

D. There shall be accommodations available to meet group needs of clients and their visitors.

E. Methods for ensuring visual and auditory privacy between client and staff/volunteers shall be provided as necessary.

2602. Client Rooms

A. Each client room shall be equipped with the following as a minimum for each client:

1. A comfortable single bed having a mattress with moisture-proof cover, sheets, blankets, bedspread, pillow and pillowcases; roll-away type beds, cots, bunkbeds, and folding beds shall not be used. It is permissible to remove a client bed and place the mattress on a platform or pallet, or utilize a recliner, provided the physician or other authorized healthcare provider has approved, and the decision is documented in the ITP. (II)

2. A closet or wardrobe, a bureau consisting of at least three drawers, and a compartmentalized bedside table/nightstand to adequately accommodate each client's personal clothing, belongings, and toilet articles. Built-in storage is permitted.

EXCEPTION: In existing facilities, if square footage is limited, clients may share these storage areas; however, specific spaces within these storage areas shall be provided particular to each client.

3. A comfortable chair for each client occupying the room. In existing facilities, if the available square footage of the client room will not accommodate a chair for each client or if the provision of multiple chairs impedes client ability to freely and safely move about within their room, at least one chair shall be provided and provisions made to have additional chairs available for temporary use in the client's room by visitors.

B. If hospital-type beds are used, there shall be at least two lockable casters on each bed, located either diagonally or on the same side of the bed.

C. Beds shall not be placed in corridors, solaria, or other locations not designated as client room areas. (I)

D. No client room shall contain more than three beds. In facilities with mothers with children, no client room shall contain more than one licensed bed and two cribs/beds. (II)

E. No client room shall be located in a basement.

F. Access to a client room shall not be by way of another client room, toilet, bathroom or kitchen .

EXCEPTION: Access through the kitchen is permissible in facilities with five beds or less.

G. Such equipment as bed pans, urinals and hot water bottles as necessary to meet client needs shall be provided. Portable commodes shall be permitted in client rooms only at night or in case of temporary illness. At all other times, they shall be suitably stored. Permanent positioning of a portable toilet at bedside shall only be permitted if the room is private, the commode is maintained in a sanitary condition, and the room is of sufficient size to accommodate the commode. (II)

H. Side rails may be utilized when required for safety and when ordered by a physician or other authorized healthcare provider. (II)

I. In semi-private rooms, when personal care is being given, arrangements shall be made to ensure privacy, e.g., portable partitions or cubicle curtains when needed or requested by a client.

J. Consideration shall be given to client compatibility in the assignment of rooms for which there is multiple occupancy.

K. At least one private room shall be available in the facility in order to provide assistance in addressing client compatibility issues, client preferences, and accommodations for clients with communicable disease.

2603. Client Room Floor Area

A. Except for facilities of five beds or less, each client room is considered a tenant space and shall be enclosed by one hour fire-resistive construction with a 20-minute fire-rated door, opening onto an exit access corridor. (I)

B. Each client room shall be an outside room with an outside window or door for exit in case of emergency. This window or door may not open onto a common screened porch. (I)

C. The client room floor area is a usable or net area and does not include wardrobes (built-in or freestanding), closets, or the entry alcove to the room. The following allowance of floor space shall be as a minimum: (II)

1. Rooms for only one client: 100 square feet;

2. Rooms for more than one client: 80 square feet per client.

3. In facilities for mothers with children, rooms for client and child: 80 square feet per licensed bed and 40 square feet per child with a maximum of two children per client. When a bed is required in lieu of a crib for a child, the square footage shall be 50 square feet per child.

D. There shall be at least three feet between beds. (II)

2604. Bathrooms/Restrooms (II)

A. Privacy shall be provided at toilets, urinals, bathtubs, and showers.

B. An adequate supply of toilet tissue shall be maintained in each bathroom.

C. In bath/restrooms not designed for the disabled, the restroom floor area shall not be less than 15 square feet.

D. There shall be at least one lavatory in or adjacent to each bathroom/restroom. Liquid soap shall be provided and a sanitary individualized method of drying hands shall be available at each lavatory.

E. Easily cleanable receptacles shall be provided for waste materials. Such receptacles

in toilet rooms for women shall be covered.

F. The number of bathrooms/restrooms for the disabled shall be provided as per the SBC whether any of the clients are classified as disabled or not.

G. All bathroom floors shall be entirely covered with an approved nonabsorbent covering. Walls shall be nonabsorbent, washable surfaces to the highest level of splash.

H. There shall be a mirror above each bathroom lavatory for clients= grooming.

I. In 24-Hour Facilities:

1. Toilets shall be provided in ample number to serve the needs of the clients and staff/volunteers. The minimum number shall be one toilet for each six licensed beds or fraction thereof.

2. All bathtubs, toilets, and showers used by clients shall have approved grab bars securely fastened in a usable fashion.

3. There shall be one bathtub or shower for each eight licensed beds or fraction thereof.

4. Separate bathroom facilities shall be provided for live-in staff/volunteers and/or family. Where there is no live-in staff/volunteers, separate toilet facilities shall be provided for staff/volunteers in facilities with 11 or more beds.

5. Toilet facilities shall be conveniently located for kitchen employees. The doors of all toilet facilities located in the kitchen shall be self-closing.

6. Bath towels and washcloths shall be provided to the clients as needed. Bath linens assigned to specific clients may not be stored in centrally-located bathrooms. Provisions shall be made for each client to properly keep bath linens in his/her room, i.e., on a towel hook/bar designated for each client occupying that room, or bath linens to meet client needs shall be distributed as needed, and collected after use and stored properly, per Section 1406.

EXCEPTION: Bath linens assigned to specific clients for immediate use may be stored in the bathroom provided the bathroom serves a single occupancy (one client) room, or is shared by occupants of adjoining rooms, for a maximum of six clients. A method that distinguishes linen assignment and discourages common usage shall be implemented.

2605. Seclusion Room (II)

A. A room used for seclusion shall have at least 60 square feet of floor space and be free of safety hazards, and appropriately lighted. All areas of the room shall be clearly visible from the outside.

B. There shall not be items or articles in a seclusion room that a client might use to injure him/herself.

C. A mat and bedding shall be provided in the seclusion room unless an exception is

authorized by order of a physician or other authorized healthcare provider.

2606. Client Care Unit and Station (Applicable to medical detoxification facilities only) (II)

A. Each client care unit shall have a client care station.

B. A client care unit shall contain not more than 60 licensed beds; and the client care station shall not be more than 150 feet from a client room, and shall be located and arranged to permit visual observation of the unit corridor(s).

C. Each client care station shall contain separate spaces for the storage of wheelchairs and general supplies/equipment for that station.

D. There shall be at, or near each client care station, a separate medicine preparation room with a cabinet with one or more locked sections for narcotics, work space for preparation of medicine, and a sink. As an alternative, a medicine preparation area with counter, cabinet space and a sink shall be required on those units where there is:

1. A unit dose system in which final medication preparation is not performed on the client care station; or

2. A 24-hour pharmacy on the premises; or

3. Procedures that preclude medication preparation at the client care station.

2607. Doors (II)

A. All client rooms and bath/restrooms shall have opaque doors for the purpose of privacy.

B. All glass doors, including sliding or patio type doors shall have a contrasting or other indicator that causes the glass to be observable, e.g., a decal located at eye level.

C. Exit doors required from each floor shall swing in the direction of exit travel. Doors, except those to spaces such as small closets that are not subject to occupancy, shall not swing into corridors in a manner that obstructs corridor traffic flow or reduces the corridor width to less than one-half the required width during the opening process.

EXCEPTION: Not applicable to facilities with five or less beds not built to institutional standards.

D. Doorways from exit-access passageways to the outside of the facility shall be at least 80 inches in height.

E. Door widths on exit doors shall be in accordance with the SBC.

F. Bath/restroom door widths shall be not less than 32 inches.

G. Doors to client occupied rooms shall be at least 32 inches wide.

H. Doors that have locks shall be unlockable and openable with one action.

I. If client room doors are lockable, there shall be provisions for emergency entry. There shall not be locks that cannot be unlocked and operated from inside the room. (See Section 2201.D)

J. All client room doors shall be solid-core.

K. Soiled linen storage room over 100 square feet shall be of one-hour fire-resistive construction with "C" labeled 3/4-hour door.

L. Seclusion room doors shall have a window through which all parts of the room are observable.

2608. Elevators (II)

A. Elevators, if utilized, shall be installed and maintained in accordance with the provisions of the SBC, ANSI17.1 Safety Code for Elevators and Escalators, and NFPA 101, if applicable.

B. Elevators shall be inspected and tested upon installation prior to first use, and annually thereafter by a certified elevator inspector.

2609. Corridors (II)

A. Corridor width requirements for 24-hour facilities shall be as follows:

1. Less than six licensed beds - not less than 36 inches;
2. Six to 10 licensed beds - not less than 40 inches;
3. Over 10 licensed beds - not less than 44 inches.

B. Corridors and passageways in all facilities shall be in accordance with the SBC.

2610. Ramps (II)

A. At least one exterior ramp, accessible by all clients, staff, and visitors shall be installed from the first floor to grade.

B. The ramp shall serve all portions of the facility where clients are located.

C. The surface of a ramp shall be of nonskid materials.

D. Ramps shall be constructed in a manner in compliance with ANSI 117.1, i.e., for every inch of height, the ramp shall be at least one foot long.

E. Ramps in facilities with 11 or more licensed beds shall be of noncombustible construction.
(I)

F. Ramps shall discharge onto a surface that is firm and negotiable by disabled persons in all weather conditions and to a location accessible for loading into a vehicle.

2611. Landings (II)

Exit doorways shall not open immediately upon a flight of stairs. A landing shall be provided that is at least the width of the door and is the same elevation as the finished floor at the exit.

2612. Handrails/Guardrails (II)

A. Handrails shall be provided on all stairways, ramps, and porches with two or more steps, and in detoxification facilities only, at least one side of corridor/hallway. Ends of all installed handrails shall return to the wall.

B. All porches, walkways, and recreational areas (such as decks, etc.) that are elevated 30 inches or more above grade shall have guardrails 42 inches high to prevent falls. Open guardrails shall have intermediate rails through which a six-inch diameter sphere cannot pass.

2613. Screens (II)

Windows, doors and openings intended for ventilation shall be provided with insect screens.

2614. Windows

A. The window dimensions and maximum height from floor to sill shall be in accordance with the SBC and the Life Safety Code, as applicable.

B. Where clear glass is used in windows, with any portion of the glass being less than 18 inches from the floor, the glass shall be of "safety" grade, or there shall be a guard or barrier over that portion of the window. This guard or barrier shall be of sufficient strength and design so that it will prevent an individual from injuring him/herself by accidentally stepping into or kicking the glass.
(II)

2615. Janitor's Closet (II)

There shall be a lockable janitor's closet in 24-hour facilities with 16 or more beds. Each closet shall be equipped with a mop sink or receptor and space for the storage of supplies and equipment.

2616. Storage Areas

A. Adequate general storage areas shall be provided for client and staff/volunteers belongings, equipment, and supplies.

B. Areas used for storage of combustible materials and storage areas exceeding 100 square feet in area shall be provided with an NFPA-approved automatic sprinkler system. (I)

C. In storage areas provided with a sprinkler system, a minimum vertical distance of 18 inches shall be maintained between the top of stored items and the sprinkler heads. The tops

of storage cabinets and shelves attached to or built into the perimeter walls may be closer than 18 inches below the sprinkler heads. In nonsprinklered storage areas, there shall be at least 24 inches of space from the ceiling. (I)

D. All ceilings, floor assemblies, and walls enclosing storage areas of 100 square feet or greater shall be of not less than one-hour fire-resistive construction with 3/4-hour fire-rated door(s) and closer(s). (I)

E. Storage buildings on the premises shall meet the SBC requirement regarding distance from the licensed building. Storage in buildings other than on the facility premises shall be secure and accessible. An appropriate controlled environment shall be provided if necessary for storage of items requiring such an environment.

F. In mechanical rooms used for storage, the stored items shall be located away from mechanical equipment and shall not be a type of storage that might create a fire or other hazard. (I)

G. Supplies/equipment shall not be stored directly on the floor. Supplies/equipment susceptible to water damage/contamination shall not be stored under sinks or other areas with a propensity for water leakage.

H. In facilities licensed for 16 beds or more, there shall be a soiled linen storage room which shall be designed, enclosed, and used solely for that purpose, and provided with mechanical exhaust directly to the outside.

2617. Telephone Service

A. Appropriate telephone services shall be made available in the facility to clients and/or visitors.

B. At least one telephone shall be available on each floor of the facility for use by clients and/or visitors for their private, discretionary use; pay phones for this purpose are acceptable. Telephones capable of only local calls are acceptable for this purpose, provided other arrangements exist to provide client/visitor discretionary access to a telephone capable of long distance service.

C. At least one telephone shall be provided for staff/volunteers to conduct routine business of the facility and to summon assistance in the event of an emergency; pay station phones are not acceptable for this purpose.

2618. Location

A. Transportation. The facility shall be served by roads that are passable at all times and are adequate for the volume of expected traffic.

B. Parking. The facility shall have parking space to reasonably satisfy the needs of clients, staff/volunteers, and visitors.

C. Access to firefighting equipment. Facilities shall maintain adequate access to and

around the building (s) for firefighting equipment. (I)

D. NTP facilities shall not operate within 500 feet of:

1. A church;
2. A public or private elementary or secondary school;
3. A boundary of any residential district;
4. A public park adjacent to any residential district;
5. The property line of a lot devoted to residential use.

2619. Outdoor Area

A. Outdoor areas deemed to be unsafe due to the existence of unprotected physical hazards such as steep grades, cliffs, open pits, high voltage electrical equipment, high speed or heavily traveled roads, and/or roads exceeding two lanes excluding turn lanes, lakes, ponds, or swimming pools, shall be enclosed by a fence or have natural barriers (shall be of size, shape, and density which effectively impedes travel to the hazardous area) to protect the clients. (I)

B. Where required, fenced areas that are part of a fire exit from the building, shall have a gate in the fence that unlocks in case of emergency per Special Locking Arrangements in the SBC. (I)

C. Mechanical or equipment rooms that open to the outside of the facility shall be kept protected from unauthorized individuals.

D. If a swimming pool is part of the facility, it shall be designed, constructed, and maintained pursuant to R.61-51. (II)

E. There shall be sufficient number of outside tables and comfortable chairs to meet the needs of the client.

SECTION 2700 - SEVERABILITY

2701. General

In the event that any portion of these regulations is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of these regulations, and they shall remain in effect, as if such invalid portions were not originally a part of these regulations.

SECTION 2800 - GENERAL

2801. General

Conditions that have not been addressed in these regulations shall be managed in accordance with the best practices as interpreted by the Department.

PART II - OUTPATIENT FACILITIES

SECTION 2900 - PROGRAM DESCRIPTION

2901. General.

A. Outpatient facilities provide treatment/care/services to individuals who use, abuse, or are dependent upon or addicted to psychoactive substances, and their families, based upon an ITP in a nonresidential setting.

B. Outpatient treatment/care/services include assessment, diagnosis, individual and group counseling, family counseling, case management, crisis management services, and referral. Outpatient services are designed to treat the individual's level of problem severity and to achieve permanent changes in his/her behavior relative to alcohol/drug abuse. These services address major lifestyle, attitudinal and behavioral issues that have the potential to undermine the goals of treatment or the individual's ability to cope with major life tasks without the nonmedical use of alcohol or other drugs. The length and intensity of outpatient treatment varies according to the severity of the individual's illness and response to treatment.

2902. Assessment

A complete written assessment of the client shall be conducted within a time-period determined by the facility, but no later than the third visit. (II)

2903. Individualized Treatment Plan

An ITP in accordance with Section 701.C & D shall be completed within a time-period determined by the facility, but no later than the third visit. (II)

PART III - RESIDENTIAL TREATMENT PROGRAM FACILITIES

SECTION 3000 - PROGRAM DESCRIPTION

3001. General

A. Residential treatment programs utilize a multi-disciplinary staff for clients whose biomedical and emotional/behavioral problems are severe enough to require residential services and who are in need of a stable and supportive environment to aid in their recovery and transition back into the community. Twenty-four-hour observation, monitoring, and treatment shall be available.

B. Residential treatment programs shall provide or make available the following: (II)

1. Room and board including shared responsibility by clients for daily operation of the facility, e.g., cooking, cleaning, and maintenance of house rules as appropriate to the level of residential treatment provided.

2. Specialized professional consultation, supervision and direct affiliation with other levels of treatment;

3. Physician and nursing care and observation based on clinical judgement if appropriate to the level of treatment;

4. Arrangements for appropriate laboratory and toxicology tests as needed;

5. Availability of a physician 24 hours a day by telephone;

6. Counselors to assess and treat adult alcohol and/or other drug dependent clients and obtain and interpret information regarding the needs of these clients. Such counselors shall be knowledgeable of the biological and psychological dimensions of alcohol and/or other drug dependence;

7. Counselors to provide planned regimen of 24-hour professionally-directed evaluation, care and treatment services for addicted persons and their families to include individual, group, and/or family counseling directed toward specific client goals indicated in his/her ITP;

8. Health education services;

9. Educational guidance and educational program referral when indicated;

10. Vocational counseling for any client when indicated. For those not employed, staff/volunteers shall facilitate the client's pursuit of job placement, as appropriate;

11. Work activity participation by clients provided such activities are an integral part of the rehabilitative process, clients are made aware of the necessity of their participation in such activities, and such activities are not a substitute for staff;

12. Leisure time activities, including recreational activities;

13. Planned clinical program activities designed to enhance the client's understanding of addiction;
14. Multi-disciplinary individualized assessments and treatment are provided;
15. Family and significant other services;
16. Living skills training, as needed.

3002. Staffing

A. A staff member/volunteer/designated client shall be present and in charge at all times during daytime hours when clients are present in the facility. A staff member/volunteer/ designated client-in-charge shall know how to respond to client needs and emergencies. (I)

B. Number of staff that shall be maintained in all facilities:

1. In each building, there shall be at least one staff member/volunteer/designated client on duty for each 10 clients or fraction there of present during peak activity hours. (II)

2. Required nighttime (after the evening meal) staffing shall be provided by a staff member, volunteer, or a designated client:

a. In each building, there shall be at least one staff member/volunteer/designated client on duty for each 20 clients or fraction thereof.

b. In buildings housing more than 10 clients, a staff member/volunteer/designated client shall be awake and dressed.

3. If a client serves as staff, the facility shall ensure that the following conditions are met: (II)

a. Client is approved by the administrator, in writing, to perform the duties required of a staff member during these particular hours, and s/he agrees in writing to perform them;

b. Client understands and enforces applicable regulatory requirements;

c. Client is trained and able to respond to emergencies;

d. Client is able to communicate with an on-call staff member;

e. Client is properly oriented to written applicable policies and/or procedures, to include the inservice training requirements in Section 502.

f. The condition of any other clients of the facility may preclude permitting a client to serve in a designated staff role.

3003. Admission (II)

Persons not eligible for admission are:

- A. Any person who because of acute mental illness or intoxication presents an immediate threat of harm to him/herself and/or others;
- B. Any minor as defined in Section 101.MM. See Section 804 for exceptions for minors;
- C. Any person needing detoxification services, hospitalization, or nursing home care.

3004. Assessment (II)

A complete written assessment of the client in accordance with Section 101.H by a multi-disciplinary treatment team shall be conducted within a time-period determined by the facility, but no later than 72 hours after admission.

3005. Individualized Treatment Plan (II)

An ITP in accordance with Section 701.D shall be completed of the client by a multi-disciplinary treatment team within a time-period determined by the facility, but no later than seven days after admission.

3006. Facilities For Mothers With Children (II)

The health needs/care of the child shall be provided in the following manner:

- A. Mothers shall provide or arrange for the health needs/care of their children.
- B. Children shall be in the mother's care or in a child care program approved by DSS.
- C. Arrangements for emergency care for the children shall be provided.

PART IV - DETOXIFICATION FACILITIES

SECTION 3100 - PROGRAM DESCRIPTION

3101. Freestanding Medical Detoxification Facility

Medical detoxification facilities shall provide at a minimum the following treatment and support services:
(II)

- A. Intake medical examination and screening by a physician or other authorized healthcare provider to determine need for medical services or referral for serious medical complications;
- B. Continuing observation of each client's condition to recognize and evaluate significant signs and symptoms of medical distress and take appropriate action. Each client's general condition shall be monitored and his/her vital signs taken at a frequency as determined by the facility, but not less than three times during the first 72 hours of admission to the facility;
- C. Medication as appropriate to assist in the withdrawal process;
- D. A plan for supervised withdrawal, to be implemented upon admission;
- E. Room, dietary service, and other care and supervision necessary for the health and safety of the client;
- F. Counseling designed to motivate clients to continue in the treatment process and referral to the appropriate treatment modality.

3102. Social Detoxification Facility

Social detoxification facilities shall provide, at a minimum, the following services:

- A. Screening and intake provided by staff/volunteers specially trained to monitor the client's physical condition;
- B. Development of an ITP for supervised withdrawal;
- C. Continuing observation of each client's condition to recognize and evaluate significant signs and symptoms of medical distress and take appropriate action;
- D. Room, dietary service, and other care and supervision necessary for the maintenance of the client;
- E. Counseling designed to motivate clients to continue in the treatment process.

3103. Staffing

- A. A staff member/volunteer shall be present and in charge at all times. All staff members/volunteers shall be knowledgeable as to how to respond to emergencies. (I)
- B. The staffing arrangement shall be, at a minimum, the following:
 - 1. In each building, there shall be at least one direct care/counselor staff member for each 10 clients or fraction thereof on duty at all times. Staff members/volunteers shall be awake and dressed at

all times, able to appropriately respond to client needs, and know how to respond to emergencies. (II)

2. In medical detoxification facilities only, staff/volunteers shall be under the general supervision of a physician or registered nurse; a physician, licensed nurse, or other authorized medical healthcare provider shall be present at all times. (I)

3. In social detoxification centers, there shall be consultation with medical authorities when warranted.

3104. Admission

A. Appropriate admission to a detoxification facility shall be determined by a licensed or certified counselor and subsequently shall be authorized by a physician or other authorized healthcare provider in accordance with Section 1001.A .

B. Persons not eligible for admission are:

1. Any person who, because of acute mental illness or intoxication, presents an immediate threat of harm to him/herself and others. (I)

2. Any person needing hospitalization, residential treatment program care, or nursing home care. (I)

3. Any person under 18 years of age. See Section 804 for exceptions for minors. (II)

4. Anyone not meeting facility requirements for admission.

C. Determination of the type of detoxification needed shall be guided by the definitions outlined in Sections 101.S.1 and 101.S.2.

3105. Assessment (II)

A clinical screening that includes a review of the client's drug abuse/usage and treatment history shall be conducted prior to the delivery of treatment.

3106. Individualized Treatment Plan (II)

An ITP shall be completed for supervised withdrawal within a time-period determined by the facility.

PART V - NARCOTIC TREATMENT PROGRAMS

SECTION 3200 - PROGRAM DESCRIPTION

3201. General

A. Narcotic treatment programs (NTP) provide medications for the rehabilitation of persons dependent on opium, morphine, heroin, or any derivative or synthetic drug of that group. Opioid maintenance therapy (OMT) is a term that encompasses a variety of pharmacologic and non-pharmacologic treatment modalities, including the therapeutic use of specialized opioid compounds such as methadone and levo-alpha-acetylmethadol (LAAM) to psycho-pharmacologically occupy opiate receptors in the brain, extinguish drug craving, and thus establish a maintenance state. OMT is a separate service that can be provided in any level of care, as determined by the client's needs. Adjunctive non-pharmacologic interventions are essential and may be provided in OMT or through coordination with another addiction treatment provider.

B. An NTP has the following characteristics:

1. Support systems:

- a. Linkage with or access to psychological, medical, and psychiatric consultation;
- b. Linkage with or access to emergency medical and psychiatric affiliations with more intensive levels of care, as needed;
- c. Linkage with or access to evaluation and ongoing primary medical care;
- d. Ability to conduct or arrange for appropriate laboratory and toxicology tests;
- e. Availability of physician to evaluate, prescribe, and monitor use of NTP medication, and of nurses and pharmacists to dispense and administer NTP medication.

2. Staff:

- a. An interdisciplinary team of appropriately trained and certified or licensed addiction professionals, including a medical director, counselors, and the medical staff delineated below;
- b. Licensed medical, nursing, or pharmacy staff who are available to administer medications in accordance with the physician's prescription or orders. The intensity of nursing care is appropriate to the services provided by an outpatient treatment program that uses NTP medication;
- c. A physician, available either in person or by telephone during NTP medication dispensing and clinic operating hours.

3. Therapies:

- a. Interdisciplinary individualized assessment and treatment;
- b. Assessing, prescribing, administering, reassessing and regulating dose levels appropriate to the individual; supervising detoxification from opiates, methadone or LAAM; overseeing and facilitating access to appropriate treatment, including medication for other physical and mental health disorders;
- c. Monitored urine testing;
- d. Counseling services;
- e. Case management;
- f. Psycho-education, including HIV/AIDS and other health education services.

3202. Services (II)

A. Services shall be directed toward reducing or eliminating the use of illicit drugs, criminal activity, or the spread of infectious disease while improving the quality of life and functioning of the client. NTP shall follow rehabilitation stages in sufficient duration to meet the needs of the client. These stages include initial treatment up to seven days in duration, early stabilization lasting up to eight weeks, long-term treatment, medical maintenance, and immediate emergency treatment when needed.

B. The NTP shall directly provide, contract or make referrals, for other services based upon the needs of the client.

C. As part of drug rehabilitative services provided by the NTP, each client shall be provided with individual, group and family counseling appropriate to his/her needs. The frequency and duration of counseling provided to clients shall be determined by the needs of the client and be consistent with the ITP. Counseling shall address, as a minimum:

1. Treatment and recovery objectives included in the ITP as well as education regarding HIV and other infectious diseases. HIV testing shall be made available as appropriate, while maintaining client confidentiality. Staff shall be knowledgeable of current procedures regarding the prevention and treatment of clients with HIV and sexually transmitted diseases (STD) to include testing and interpretation of test results;

2. Concurrent alcohol and drug abuse;

3. Involvement of family and significant others with the informed consent of the client;

4. Providing specialized treatment groups;

5. Guidance in seeking alternative therapies.

3203. Support Services

A. The NTP shall ensure that a comprehensive range of support services, including, but not limited to, vocational, educational, employment, legal, mental health and family problems, medical, alcohol dependence or other addictions, HIV or other communicable diseases, pregnancy and prenatal care, and social services are made available to clients who demonstrate a need for such services. Support services may be provided either directly or by appropriate referral. Support services recommended and utilized shall be documented in the client record.

B. When appropriate, the NTP shall recommend that the client enroll in an education program, vocational activity (vocational evaluation, education or skill training) and/or to seek employment. Deviations from compliance with these recommendations shall be documented in the client's record.

C. The NTP shall establish and utilize linkages with community-based treatment facilities, i.e., an established set of procedures for referring clients to physician or other health care providers when the treatment of coexisting disorders become a major concern.

D. The NTP shall establish linkages with the criminal justice system to encourage continuous treatment of individuals incarcerated or on probation and parole.

3204. Services to Pregnant Clients (II)

A. The facility shall make reasonable effort to ensure that pregnant clients receive prenatal care by a physician and that the physician is notified of the client's participation in the NTP when the facility becomes aware of the pregnancy.

B. The NTP shall provide, through in-house or referral and documented in the ITP, appropriate services/interventions for the pregnant client to include:

1. Physician consultation at least monthly;
2. Nutrition counseling;
3. Parenting training to include newborn care, health and safety, mother/infant interaction, and bonding.

C. Refusal of prenatal care shall be acknowledged through a signed statement from the client.

D. NTP medication dosage levels shall be maintained at an appropriate level for pregnant clients as determined by the NTP physician. (I)

E. When a pregnant client chooses to discontinue participation in the NTP, the program physician, in coordination with the attending obstetrician, shall supervise the termination process.

3205. Services to Adolescents (II)

A. Treatment and counseling shall be developmentally appropriate for the adolescent.

B. Adolescents who require special medical care shall be referred to a physician who has clinical experience with adolescents and addictions. Adolescents shall be monitored for treatment reactions that may be developmentally detrimental. A plan shall be in place in the event that special medical care is required.

3206. Operating Hours

The NTP shall be operational at least six days a week, except for holidays and days closed due to natural disaster. At least one designated staff member/volunteer shall be available “on-call” at all times for client emergencies and the verification of dosage levels.

3207. Admission (II)

A. The NTP shall only admit those clients whose narcotic dependency can be effectively treated by the NTP in accordance with applicable state and federal laws and regulations.

B. Applicants shall be screened in order to determine admission eligibility. The screening process shall include:

1. Evidence of tolerance to an opioid;

2. Current or past physiological dependence for at least one year prior to admission. The NTP physician may waive the one-year history of addiction when the client seeking admission meets one of the following criteria:

a. The client has been recently released from a penal or chronic care facility with a high risk of relapse;

b. The client has been previously treated and is at risk of relapse;

c. The client is pregnant and does not exhibit objective signs of opioid withdrawal or physiological dependence.

3. Evidence of multiple and daily self-administration of an opioid;

4. Reasonable attempts to confirm that the applicant is not enrolled in one or more other NTP's;

5. Drug history to determine dependence on opium, morphine, heroin or any derivative or synthetic drug of that group. The drug history shall include:

- a. Drug(s) utilized;
- b. Frequency of use;
- c. Amount utilized;
- d. Duration of use;
- e. Age when first utilized;
- f. Route of administration;
- g. Previous treatment(s);
- h. Criminal history related to drug abuse;
- i. Family history of drug abuse and any medical problems.

6. A diagnosis of opioid addiction, referring to the initial screening criteria in Sections 3207.B.1-5 above, and the following behavioral signs:

- a. Unsuccessful efforts to control use;
- b. Large amounts of time obtaining drugs or recovering from the effects of abuse;
- c. Continual use despite harmful consequences;
- d. Obtaining opiates illegally;
- e. Inappropriate use of prescribed opiates;
- f. Harmful/negative effect on social, occupational or recreational activities.

C. Individuals shall not be admitted to the NTP to receive opioids for pain management only.

1. The NTP shall make the diagnostic distinctions between the disease of opioid addiction and the physical dependence associated with the chronic administration of opioids for the relief of pain, also known as pseudo-addiction. The drug seeking manifestations of persons who are opioid addicted for purpose of euphoria are very similar to the same behavioral manifestations of pseudo-addiction of those with chronic pain seeking only pain relief. Relevant criteria to distinguish pseudo-addiction from opioid addiction include:

- a. Unsuccessful efforts to control use, including past failed detoxification efforts;
 - b. Large amounts of time spent in activities to obtain drugs, including past criminal involvements;
 - c. Written documentation from a pain management physician attesting to the clients need for NTP medication due to the client's physical dependence, resultant tolerance, and that physician's discontinuance of effective opioid pain relief measures with the client.
 - d. Continued use, despite having suffered lifestyle consequences of illicit use, e.g., arrests, hospitalizations, family problems, financial setbacks, and employment difficulties.
2. Appropriate referrals by the NTP physician shall be made as necessary, e.g., pain management specialist.
- D. Minors may be treated pursuant to Section 804.
- E. Prior to accepting an applicant for treatment, the NTP shall determine if the applicant requires special support services, e.g., psychiatric, prenatal, or alcohol/drug counseling.
- F. The applicant's identity, including name, address, date of birth, and other identifying data shall be verified (See Section 701.A);
- G. No client shall receive his/her initial dose of NTP medication until the program physician has determined that all admission criteria have been met, to include a completed physical examination by the program physician and confirmation of current medication regimen being taken by the applicant, i.e., contact attending physician.

3208. Physical Examination (II)

- A. A physical examination conducted by the NTP physician shall be accomplished within 72 hours prior to the first dose of NTP medication and shall consist of the following as a minimum: (I)
- 1. Evidence of communicable/infectious disease, e.g., hepatitis, HIV, STD;
 - 2. Pulmonary, liver, renal, and cardiac abnormalities;
 - 3. Possible concurrent surgical problems;
 - 4. Neurological assessment;
 - 5. Vital signs;
 - 6. Evidence of clinical signs of addiction, e.g., dermatologic sequella of addiction;

7. Examination of head, ears, eyes, nose, throat (thyroid), chest (including heart, lungs and breast), abdomen, extremities, and skin.

8. A single-step tuberculin skin test administered within one month prior to or not later than 10 days after admission as described in Section 1402.

B. The medical laboratory analysis shall be conducted within seven days of admission and shall include:

1. Complete blood count and differential to include multi-phasic blood chemistry profile;

2. Serological test for syphilis;

3. Initial urinalysis for drug profile;

4. Liver profile;

5. If indicated, an electrocardiogram, chest x-ray, Pap smear, biological pregnancy test, and/or screening for sickle cell disease.

3209. Urine Drug Testing (II)

A. Urine drug testing shall be used as a clinical tool for the purposes of diagnosis and in the development of ITP's.

B. Urine drug testing for the presence of NTP medication, benzodiazapines, cocaine, opiates, marijuana, amphetamines, and barbiturates, as well as other drugs, when clinically indicated by the NTP physician, shall be conducted at a frequency as determined by the NTP.

C. Once the results are available, they shall be addressed by the primary counselor with the client, in order to intervene in drug use behavior.

D. The NTP shall establish and implement collection procedures, including random collection of urine samples, to effectively minimize the possibility of falsification of the sample, to include security measures for prevention of tampering.

E. Following admission, the NTP shall ensure that significant treatment decisions are not based solely on the results of a single urine test.

F. Clients on a monthly schedule for whom urine drug testing reports indicate positive results for any illicit drugs, non-prescription drugs, or a negative result for NTP medication, shall be placed on a weekly urine drug test schedule for a period of time as clinically indicated by the NTP physician.

G. Clients granted take-home dosages shall undergo random urine drug testing on a

monthly basis.

H. Only those laboratories certified in accordance with the federal Clinical Laboratories Improvement Amendments of 1988 shall be utilized by the NTP for urinalysis.

3210. Orientation

Client orientation shall be accomplished within seven days of admission and documented in the client record. The orientation shall include:

- A. NTP guidelines, rules, and regulations;
- B. Confidentiality;
- C. Urine drug testing procedure;
- D. Administering NTP medication;
- E. Signs and symptoms of overdose and when to seek emergency assistance;
- F. Discharge procedures;
- G. Treatment phases;
- H. HIV/AIDS information/education;
- I. Client rights (See Section 900);
- J. Consent for autopsy;
- K. The nature of addictive disorders and recovery including misunderstandings regarding methadone/LAAM treatment;
- L. For pregnant clients, risk to the unborn child.

3211. Psycho-social Assessment (II)

A comprehensive psycho-social assessment shall be completed by the client's primary counselor once the client is stabilized but not later than 30 days following admission. The assessment shall include:

- A. A description of the historical course of the addiction to include drugs of abuse such as alcohol and tobacco, amount, frequency of use, duration, potency, and method of administration, previous detoxification from NTP medication and/or treatment attempts, and any psychological or social complication.

B. A health history regarding chronic or acute medical conditions, such as HIV, STD's, hepatitis (B, C, Delta), TB, diabetes, anemia, sickle cell trait, pregnancy, chronic pulmonary diseases, and renal diseases.

C. Complete information related to the family of the client.

3212. Individualized Treatment Plan (II)

A. An ITP shall be developed within 30 days of admission with participation by the client and the primary counselor, as evidenced by their signatures. The ITP content shall be in accordance with Section 701.D.

B. Client progress in treatment and accomplishment of ITP goals shall be reviewed by the primary counselor not less than every 90 days during the first year of treatment and every six months thereafter. The counselor shall sign and date these reviews.

3213. Emergency Medical Procedures (I)

Emergency medical procedures shall include, but not be limited to:

A. Client overdose or severe drug reaction;

B. Names and telephone numbers of individuals (e.g. physician, hospitals, EMT's) to be contacted in case of an emergency. These names and numbers shall be readily available within the facility;

C. Emergency dosing of NTP medications.

3214. Adverse Events

A. The NTP shall establish written procedures which address resolutions to adverse events such as:

1. Physical and verbal threats;
2. Violence;
3. Inappropriate behavior;
4. Medication errors;
5. Deaths;
6. Selling drugs on the premises;
7. Harassment and abuse.

B. Procedures to implement should adverse events occur shall include:

1. Documentation of the event and reporting as required to the Department (see Section 601);
2. Prompt review and investigation;
3. Timely and appropriate corrective action;
4. Monitoring to determine corrective action plan effectiveness.

3215. Readmission

If a client is readmitted to the same NTP, a physical examination will be required by the current NTP physician within 72 hours of admission.

3216. Staffing (II)

A. The NTP physician shall have authority over all medial aspects of care and make treatment decisions in consultation with treatment staff consistent with the needs of the client, clinical protocols, and research findings. At least one physician shall be available during dosing and facility operating hours either in person or by telephone for consultation and for emergencies.

B. A pharmacist or other person licensed to dispense NTP medications pursuant to the SC Code of Laws is responsible for dispensing the amounts of NTP medications administered, and shall record and countersign all changes in dosing schedules.

C. The nursing staff shall include one licensed nurse. The total number of nurses on the staff shall be commensurate with NTP operating hours and the number of clients to be served in order to ensure that adequate nursing care will be provided at all times the facility is in operation. A licensed nurse shall be present at all times clients are in the facility.

D. There shall be an adequate number of qualified counselors on staff to ensure that necessary, appropriate and quality counseling and other rehabilitative services are provided in a timely manner. The NTP shall have at least one full-time counselor on staff for every 50 clients or fraction thereof. Counselors shall be qualified as specified in Section 504.

E. All direct care staff shall have training and experience in addictions and NTP medication treatment.

3217. NTP Medication Management (I)

A. A physician, licensed nurse, or registered pharmacist may administer NTP medication.

B. The NTP physician shall determine the initial and subsequent dosage and schedule, and

prescribe such dose and schedule to include changes by verbal or written order to the pharmacist and licensed nurse. However, the verbal order shall be documented, signed, and dated by the NTP physician within 72 hours.

C. The procedure for administering NTP medication shall be as follows:

1. NTP medication, including guest and take-home doses, shall be administered to clients in oral liquid form and in single doses. Take-home bottles shall be labeled in accordance with federal and state law and regulations and shall contain necessary cautionary statements; caps shall be childproof.

2. No dose shall be administered until the client identity has been verified and the dosage compared with the currently ordered and documented dosage level.

3. The initial dose of methadone shall not exceed 30 mg. and the initial total daily dose for the first day shall not exceed 40 mg. unless the NTP physician justifies in the client record that 40 mg. did not suppress the abstinence symptoms after three hours of observation following the initial dose.

4. Ingestion shall be observed and verified by the person authorized to administer the medication.

5. A client's scheduled dose may be temporarily delayed if necessary, e.g., to obtain a urine sample or for counselor consultation. The dose shall not be withheld, however, for failure to comply with the NTP rules or procedures unless the decision is made to terminate the client's participation in the NTP. A dose may be withheld only when the NTP physician determines that such action is medically indicated.

6. There shall be written justification in the client record signed and dated by the NTP physician for doses in excess of 100 mg. of methadone per day after the first day.

D. A client transferring from another NTP facility shall have a physical examination and have his/her dose determined by a physician prior to receiving the first dosage.

E. When the NTP physician prescribes controlled substances other than NTP medications, such prescriptions shall not be administered to any client unless the NTP physician first examines the client and assesses his/her potential for abuse of such medications.

3218. Take-home Medication (II)

A. Take-home NTP medication may be given to clients who demonstrate a need for a more flexible schedule in order to enhance and continue the rehabilitative process. However, since NTP medication is a narcotic subject to abuse if not managed properly, precautions shall be taken to prevent its potential abuse. The NTP physician shall ensure that take-home medication is given to those clients who meet the following criteria for eligibility:

1. Adherence to NTP rules, regulations, and policies;
2. Length of time in the NTP and level of maintenance treatment;
3. Presence of NTP medication in urine samples;
4. Potential complications from concurrent health problems;
5. Lengthy travel distance to the facility;
6. Progress in maintaining a stable lifestyle as evidenced by:
 - a. Absence of abuse of narcotic and non-narcotic drugs;
 - b. Absence of alcohol abuse, or determination that the client is no longer abusing alcohol and is in treatment for the alcohol abuse problem;
 - c. Regularity of attendance at the NTP, to include required counseling sessions;
 - d. Absence of serious behavior problems, including loitering at the NTP;
 - e. Absence of known recent criminal activity;
 - f. Employment, school attendance, or other appropriate activity;
 - g. Assurance that take-home medication can be securely transported and stored by the client for his/her use only.

B. The decision to provide take-home medication to NTP clients and the amount provided shall be based upon and determined by the reasonable clinical judgement of the NTP physician and appropriately documented and recorded in the client's file prior to the initiation of the take-home dose. The NTP physician shall document compliance by the client with each and every one of the aforementioned requirements prior to providing the first take-home dose. (I)

C. The client's take-home status shall be reviewed and documented at least on a quarterly basis by the primary counselor.

D. If a client, due to special circumstances, such as illness, personal or family crisis, travel, or other hardship, is unable to conform to the applicable treatment schedule, s/he may be permitted to receive up to a two-week supply of NTP medication, based on the clinical judgment of the NTP physician. The justification for permitting the adjusted schedule shall be recorded in the client's record by the NTP physician.

E. One-time or temporary (usually not to exceed three days) take-home medication shall be approved by the facility for family or medical emergencies or other exceptional circumstances.

F. A client transferring from another NTP or readmitted after having left the NTP voluntarily and who has complied with facility rules and program policies/procedures may be granted an initial take-home schedule that is no greater than that allowed at the time of transfer or voluntary discharge provided all criteria other than length of treatment are met.

G. A client discharged from another NTP shall only be initially granted take-home privileges from the new admitting NTP provided the requirements of Section 3218.A are met.

H. Take-home medication shall be labeled with the name of the NTP, address, telephone number, and packaged in conformance with state and federal regulations.

I. A diversion control plan shall be established to assure quality care while preventing the diversion of NTP medication from treatment to illicit use. The plan shall include:

1. Clinical and administrative continuous monitoring;
2. Problem identification, correction and prevention;
3. Accountability to the client and community;
4. NTP medication usage and amount accountability.

3219. Guest-Dosing (II)

A. When a client is separated from his/her NTP for an extended period, and the client is in the vicinity of a SC-licensed NTP, guest-dosing may occur provided there is: (I)

1. Authorization in writing from the sending NTP physician;
2. Information from the sending NTP to include at least the following: client name, identifying information, means of identity verification, dates of guest-dosing, amount of each day's dose, number of take-home doses (if any), urinalysis history, and any other information requested by the authorizing treatment NTP.

B. Records of guest-dosing shall be maintained at the NTP providing the guest-dosing.

C. Guest-dose status for a client shall not exceed 28 days unless there are special circumstances, and an extension of time is agreed upon by the two NTP's involved.

3220. Security of Medications (I)

A. The areas where NTP medication stocks are maintained or administered shall be secured. Access to controlled substances, which include NTP medication, shall be limited to persons licensed or registered to order, administer, or dispense those medications.

B. Immediately after administering, the remaining contents of the containers shall be

purged (rinsed) to prevent the accumulation of residual NTP medication. The NTP shall ensure that take-home medication bottles are returned to the NTP. All used containers as well as take-home bottles given to clients shall be made inaccessible to unauthorized individuals. Used containers shall be disposed of by the NTP.

3221. Outcome Effectiveness

NTP outcome effectiveness measures shall include:

- A. Improved client functioning, such as reducing or eliminating:
 - 1. Abuse of licit and illicit drugs;
 - 2. Criminal behavior;
 - 3. Behaviors related to the spread of infectious diseases.
- B. Improved quality of life.

3222. Detoxification from NTP Medication (II)

Detoxification from NTP medication shall be initiated only when strongly desired by the client, and shall include:

- A. A schedule of dosage reduction from NTP medication that the client can tolerate;
- B. Close documented monitoring of client clinical condition which may affect the detoxification process, i.e., symptoms of medical and emotional distress;
- C. A review of the results of a recent pregnancy test;
- D. A review of changes in counseling sessions and other support services during detoxification from NTP medication;
- E. Providing continuing care after detoxification of NTP medication is completed.

3223. Community Liaison

The NTP shall assure that clients do not cause unnecessary disruption to the community, e.g., loitering in the vicinity of the NTP, or disorderly conduct.

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